



Licensing Section of the Clerks Department
1 Halton Hills Drive
Halton Hills, Ontario L7G 5G2
Tel: 905-873-2600 Fax: 905-873-1431

Application for a

GROUND PASSENGER TRANSPORTATION SERVICE LICENCE

TERM OF LICENCE: ONE YEAR EXPIRING APRIL 30TH

PLEASE SUBMIT COPY OF:

FOR BROKERS:

BUSINESS NAME REGISTRATION

FOR OWNERS:

VEHICLE INSURANCE CERTIFICATE

VEHICLE OWNERSHIP

VEHICLE SAFETY CERTIFICATE

LICENCE FEE \$ _____

(Cheque payable to the Town of Halton Hills)

FOR DRIVERS SUBMIT:

PHOTO

MEDICAL CERTIFICATE

ONTARIO DRIVER'S LICENCE ABSTRACT

POLICE SECURITY CLEARANCE REQUEST

ONTARIO DRIVER'S LICENCE

DRIVER SENSITIVITY TRAINING

CERTIFICATE (FOR ACCESSIBLE DRIVER)

**PASS TOWN DRIVER'S EXAMINATION

INDICATE TYPE:

TAXICAB BROKER

TAXICAB OWNER

TAXICAB DRIVER

LIMOUSINE OWNER

LIMOUSINE DRIVER

ACCESSIBLE TAXICAB

/LIMOUSINE OWNER

ACCESSIBLE TAXICAB

/LIMOUSINE DRIVER

SECTION A: To be completed in full by the applicant

APPLICANT IS: INDIVIDUAL OR SOLE PROPRIETORSHIP PARTNER IN A PARTNERSHIP AN OFFICER OR DIRECTOR OF A CORPORATION

NAME PHONE NO.

ADDRESS TOWN/CITY Postal Code

BUSINESS OPERATING NAME:

BUSINESS ADDRESS TOWN/CITY Postal Code

BUSINESS PHONE NO. FAX NO.

BUSINESS EMAIL ADDRESS

IF TAXICAB OR LIMOUSINE DRIVER, NAME OF COMPANY YOU ARE DRIVING FOR: _____

IF TAXICAB BROKER, LOCATION OF OFFICE: _____

IF TAXICAB OR LIMOUSINE OWNER, NAME OF DRIVER LICENSED UNDER THIS BY-LAW _____

The Applicant acknowledges that the Licence is subject to the provisions of the Town of Halton Hills Licensing By-law No. 2005-0067 and agrees to comply with these provisions. The information contained in this application for a Business Licence is true and correct. I am the applicant or, where the applicant is a corporation or partnership, I am a person who has authority to bind the applicant.

Print Name: _____ Title: _____

Signature: _____ Date: _____

OPTIONAL: I authorize the Town of Halton Hills to post my business name on the Town's website only to indicate to the public that I am a licensed business that meets the requirements of the Town of Halton Hills Licensing By-law No. 2005-0067.

Signature: _____ Date: _____

SECTION B: To be completed if business is a partnership or corporation

ATTACH ARTICLES OF INCORPORATION

NAME OF PARTNERSHIP OR CORPORATION: _____

MAILING ADDRESS: TOWN/CITY Postal Code (If different from above)

NAME OF PARTNER: PHONE NO.

ADDRESS: TOWN/CITY Postal Code

Personal Information contained in this form is collected under the authority of Section 155 of the Municipal Act 2001, c. 25 and the Town of Halton Hills By-law No. 2005-0067, as amended for the purpose of issuing a business licence and is maintained in accordance with the Municipal Freedom of Information and Protection of Privacy Act. Questions regarding this collection may be directed to the Office of the Town Clerk.