

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

Application for a

**SUPPORT ACTIVITY FOR ROAD TRANSPORTATION LICENCE**

TERM OF LICENCE: ONE YEAR EXPIRING SEPTEMBER 30<sup>TH</sup>

**SUBMIT FOR TOWING SERVICE COMPANY:**

- BUSINESS NAME REGISTRATION
- COMMERCIAL LIABILITY INSURANCE
- PROOF OF GST REGISTRATION
- LIST OF ALL TOW TRUCK DRIVERS
- MOT COMMERCIAL VEHICLE INSPECTION CERTIFICATE (vehicles in excess of 4500 kg)

LICENCE FEE \$ \_\_\_\_\_  
(Cheque payable to the Town of Halton Hills)

**FOR EACH TOW TRUCK & DRIVING**

- SCHOOL OPERATORS:**
- VEHICLE OWNERSHIP
  - VEHICLE LIABILITY INSURANCE CERTIFICATE
  - VEHICLE SAFETY STANDARD CERTIFICATE
  - STATEMENT OF RATES & CHARGES
  - DRIVING INSTRUCTORS LICENCE (for Driving School Operators only)

**INDICATE TYPE:**

- TOWING SERVICE COMPANY
- TOW TRUCK DRIVER
- TOWING STORAGE COMPOUND
- DRIVING SCHOOL OPERATOR

**FOR TOW TRUCK DRIVERS:**

- PHOTOS (2)
- ONTARIO DRIVERS LICENCE ABSTRACT
- SECURITY CLEARANCE REQUEST
- VALID ONTARIO DRIVER'S LICENCE
- LETTER OF EMPLOYMENT WITH A LICENCED TOWING COMPANY

**SECTION A: To be completed in full by the applicant**

**APPLICANT IS:**     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 \_\_\_\_\_

**DO YOU HAVE A STORAGE COMPOUND ON THE PREMISES?**     YES     NO

**HAS A CHANGE OF USE OF THE PREMISES OCCURRED?**     YES     NO

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 the business is a partnership or corporation**

ATTACH ARTICLES OF INCORPORATION (if applicable)

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.