

Town of Amherstburg

271 Sandwich Street South Amherstburg, ON N9V 2A5 Tel: 519.736.0012

www.amherstburg.ca

TAXICAB OWNER APPLICATION

Company Name: Full Legal Name: Street Number City: Phone Number (HOME) Email Address: Driver's Licence No. PART A: TAXICAB OWNER Given Name(s): Postal Code: Phone Number (CELLULAR) Phone Number (CELLULAR) PROVINCE: Ontario Place of Birth:	
Full Legal Name: Street Number City: Phone Number (HOME) Email Address: Driver's Licence No. Date of Birth Given Name(s): Postal Code: Phone Number (CELLULAR) Phone Number (CELLULAR) PROVINCE: Ontario Place of Birth:	
Street Number City: Postal Code: Phone Number (HOME) Phone Number (CELLULAR) Email Address: Driver's Licence No. PROVINCE: Ontario Date of Birth Place of Birth:	
City: Postal Code: Phone Number (HOME) Phone Number (CELLULAR) Email Address: Driver's Licence No. PROVINCE: Ontario Date of Birth Place of Birth:	
Phone Number (HOME) Email Address: Driver's Licence No. Date of Birth Phone Number (CELLULAR) PROVINCE: Ontario Place of Birth:	
Email Address: Driver's Licence No. Date of Birth Place of Birth:	
Driver's Licence No. PROVINCE: Ontario Place of Birth:	
Date of Birth Place of Birth:	
(Month/Day/Year) (City/Province)	
Description of Motor Vehicles	
Vehicle A - Licence Plate Number	
Licence Plate Number: Model	
VIN # Model Year	
Vehicle B - Licence Plate Number	
Licence Plate Number: Model	
VIN # Model Year	
Vehicle C - Licence Plate Number	
Licence Plate Number: Model	
VIN # Model Year	
Vehicle D – Wheelchair Accessible Plate Number	
Licence Plate Number: Model	
VIN # Model Year	
Vehicle E – Wheelchair Accessible Plate Number	
Licence Plate Number: Model	
VIN # Model Year	
This Application may contain personal information as defined under the Municipal Freedom of Information and Protection of Privacy Act. The information collected is required pursuant to the terms of the Municipal Act and will be used by the Town to process the application, determine issue of the licence and also for enforcement of the Town's by-law. Questions relating to the collection of this information should be directed to the Clerk at (519) 736-0012. By signing this application, the Applicant agrees that all information provided is true. The Applicant further agrees that false information may result in the revocation of the licence that may be issued. Signature of Applicant:	
OFFICE USE ONLY	
Vehicle A Licence Number	
Vehicle B Licence Number	
Vehicle C Licence Number	
Vehicle D Licence Number Vehicle E Licence Number	-

Taxicab Owner Licensing Requirements, as per By-law 2012-114

Hold a valid Taxicab Driver Licence issued under By-law 2012-114 (under seperated application) Copy of Insurance Certificate in the amount of TWO MILLION DOLLARS with endorsement Copy of current motor vehicle ownership issued in the Applicant or Corporation's name Original current Safety Standards Certificate issued by the MTO with respect to each cab Payment of Applicable Fee (As per User Fee By-law)