

Please complete all applicable fields.

Please Print (Applicant)

Last Name	Given Name(s)
Address	
Phone	
E-mail	

For Office Use Only	Req.	Rec.
Police VSC/Declaration		
Driver's Licence		
Driver's Abstract		
Business Name		
Safety Certificate		
Vehicle Ownership		
Certificate of Insurance		
Zoning Clearance		
Tariff Card Request		
Licence No.		
Date of Issue		
Expiry Date		

PART A- To be completed by Drivers of Taxicabs

Application for	<input type="checkbox"/> New Taxicab Drivers Licence- \$100	<input type="checkbox"/> Renewal of Taxicab Driver's Licence- \$90
Name of Broker	Provincial Drivers Licence Number	
Signature of Driver	Date	
Signature of Broker Owner	Date	

PART B- To be completed by Taxicab Brokers

Application for	<input type="checkbox"/> New Licence- \$300	<input type="checkbox"/> Renewal of Licence- \$200
Name of Business Owner	Address:	
	Phone #:	E-mail:
Name of Property Owner (if different from above)	Address:	
	Phone #:	
Signature of Property Owner	Date	

PART C- To be completed by Owners of Taxicabs

Application for (check only that apply)	<input type="checkbox"/> Taxicab Vehicle Owners Licence – Initial \$300	<input type="checkbox"/> Taxicab Vehicle Owners Renewal - \$200	<input type="checkbox"/> Change of Vehicle
	<input type="checkbox"/> Taxicab Plate – Initial \$150	<input type="checkbox"/> Taxicab Plate – Renewal \$100	
Town Plate Number:	New Plate Number (if applicable)		
Current Vehicle			
Year	Make	Model	
Colour	VIN	Provincial Plate Number	
New Vehicle (Change of Vehicle Only)			
Year	Make	Model	
Colour	VIN	Provincial Plate Number	

I hereby confirm that the above vehicle will be operating through this brokerage. Name of Broker for whom this vehicle will be operating	Signature of Licensed Broker
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All personal information on this form is collected pursuant to the *Municipal Freedom of Information and Protection of Privacy Act* and the *Municipal Act, 2001* and will be used for the purposes of licence processing, monitoring, issuance and enforcement. The name and address and business name and address of the licensee are public information. Any other personal information collected will only be used for investigative purposes. Questions regarding this collection may be directed to the Licensing Officer, Town of Bradford West Gwillimbury, P.O. Box 100, 100 Dissette St., Units 7 & 8, Bradford, ON L3Z 2A7, Telephone 905-775-5366 ext. 1701; Fax 905-775-0153.