



**Town of Blind River
Application for Taxi Cab Vehicle Licence**

Total Licence fee : \$ _____

11 Hudson Street, Blind River, Ontario, P0R 1B0

Tel.: (705)356-2251 Fax.: (705)356-7343

Application for: New Taxicab Vehicle Licence Renewal of Taxicab Vehicle License

Please Print

| | | | |
|------------|-------|-----------------|--|
| Last Name: | | Given Name (s): | |
| Address: | | | |
| Phone: | Cell: | Fax: | |
| Email: | | | |

I/We _____ own and operate the following vehicle(s) under the name of

(Name of Taxi Stand)

| Year | Make | Model | Licence Plate No | V.I.N |
|------|------|-------|------------------|-------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |

A copy of a Safety Standards Certificate for each vehicle is required to be attached.

The Broker's Licence for this taxi stand is held by _____.

The applicant has provided a copy of a policy issued by _____
(Name of Insurance Company)

insuring the applicant in the amount of \$ _____, against liability for damages resulting in injuries or death occasioned by an accident arising from the operation of the taxi cab in respect of which a license is applied for and against claims for damages to the property of others arising out of the operating of such taxi cab.

| | |
|-----------------------------------------------------------------------------|-------|
| I /We _____, declare that: | |
| The information contained in this form is true to the best of my knowledge. | |
| _____ | _____ |
| Date | Owner |
| _____ | _____ |
| Date | Owner |
