

**The Corporation of the Municipality of Kincardine**  
**By-law #2009-168**

**Schedule B**  
**Application for Licence as a Taxi Owner/Operator, Broker, Driver**

Check the box of the appropriate Licence(s) to which this application applies

Taxi Owner/Operator       Taxi Broker       Taxi Driver

(Note: If the Taxi Owner/Operator is a partnership, attach all information below in respect of all partners)

Full Legal Name of Applicant: \_\_\_\_\_

Street Address of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(if different from above) \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Is the Applicant a Corporation?  Yes:                       No:

Birthdate of Applicant (if partnership or corporation, birthdate of all principals): \_\_\_\_\_

Number of vehicles owned by Applicant which are intended to be licensed under this by-law: \_\_\_\_\_

Has a Taxicab/Limousine Vehicle Licence Applicant been attached for each vehicle?

Yes                                       No

If a Broker Licence Application, name and addresses of all vehicle owners or lessees for whom the Broker Applicant will act as Taxi Broker (Attach a separate sheet if necessary):

\_\_\_\_\_

Please provide the following if applicant is applying for a Taxi Driver's Licence:

Ontario Drivers Licence: \_\_\_\_\_ Classification: \_\_\_\_\_ Expiration: \_\_\_\_\_

The applicant agrees to provide information on request; including personal information as defined in the Municipal Freedom of Information and Protections of Privacy Act. Personal information collected on this form is collected under the authority of the Municipal Act, 2001, S.O. 2001 c. 25 for the purpose of assessing eligibility for a Taxi owner/operator, broker or driver licence. Questions about the collection of personal information may be addressed to the Clerk of the Municipality of Kincardine, 1475 Concession 5, RR# 5, Kincardine, Ontario, N2Z 2X6. Phone: (519) 396-3468

In particular, I authorize the Corporation and its agents to enquire into any background in order to determine my suitability as a taxi driver/owner. These enquiries will include a criminal check, a driver licence history check and a review of all other police contacts deemed relevant.

I understand that information, including personal information, may be exchanged between the Municipality of Kincardine and the South Bruce Detachment of the Ontario Provincial Police.

I have provided complete and correct information as required by this application. Criminal convictions for any of the offences listed in Section 6 of this by-law will result in the rejection of this application. Relevant information from police databases will be considered in the application process; ie. Included but not limited to nature of contact, potential for recurrence, etc. All decisions regarding this application will be made by the Police Services Board for the Municipality of Kincardine with leave to appeal any decision to them.

I have read By-law 2009-168 understand it and agree to abide by it.

I have read this consent, understand it and agree to it in its entirety.

\_\_\_\_\_  
Signature of Applicant Date

\_\_\_\_\_  
Signature of Licensing Clerk      Date