

*** Please print clearly in pen on hand filled forms.**

TAXI / LIMOUSINE LICENSE APPLICATION FORM A

The amount of license fees shall be as follows: (Fees are HST exempt)

- a) For a "Taxi Company License" for one vehicle - \$100.00; each additional vehicle - \$100.00.
- b) For a "Limousine Company License" for one vehicle - \$100.00; each additional vehicle - \$100.00.
- c) For a "Taxi Driver's License" or a "Limousine Driver's License" - \$50.00 per license.
- d) For a Transfer of "Taxi Owner's License" from one vehicle to another - \$25.00.

*Fees payment required after successful application review by Inspector.
Payable at Town Hall, main floor reception, 400 Main Street during business hours.*

New Application: ____ **Renewal:** ____ **Application Fee Receipt #** _____

Type of License Required: Taxi Vehicle Application: ____ Limousine Vehicle Application: ____
 Taxi Company License: ____ Limousine Company License: ____
 Taxi Driver's License: ____ Limousine Driver's License: ____

Name of Applicant: _____, _____
Surname Given

Name of Company: _____

Address of Applicant: Provide for the Previous Five (5) Years

Date of Birth: ____/____/____ Telephone #: (h) _____
m d y

(c) _____

Email: _____

(w) _____

Company License Application Only: Taxi: ____ Limousine: ____

Name of Company: _____ Number of Vehicles: _____

Mailing Address: _____ Postal Code: _____

Email Address: _____

Telephone: (h) _____ (c) _____ (w) _____

Driver's License Application Only:

Taxi: ____ Limousine: ____

Name of Applicant: _____,

Surname

Given

Number of years you have been licensed to operate a motor vehicle: ____ years ____ months

Has your driver's license been suspended, revoked, or cancelled? Yes ____ No ____

If yes, give date and reason:

Drivers Master License #: _____ Expiry: _____ Class: _____

Vehicle License Application Only

Insurance: Policy #: _____ Company Name: _____ Expiry: _____

Vehicle description: Make: _____ Model: _____ Year: _____

Color: _____ Vin#: _____ License plate #: _____

NS MVI Inspection: Decal #: _____ Expiry: _____

1-PLEASE ATTACH THE FOLLOWING DOCUMENTS with application (as applicable):

____ **APPLICANT'S COMPANY'S VEHICLE(S) INSURANCE POLICY DOCUMENTATION. "PINK SLIP".**

____ **VEHICLE(S) REGISTRATION(S).**

____ **VALID CLASS FOUR (4) DRIVER'S LICENSE AS ISSUED BY NS REGISTRAR OF MOTOR VEHICLES.**

APPLICANT'S ORIGINAL DRIVER'S MEDICAL EXAMINATION REPORT FROM N.S. REGISTRY OF MOTOR VEHICLES:

____ **NEW APPLICATIONS - DATED SIX (6) MONTHS BEFORE APPLICATION DATE.**

or

____ **RENEWALS - DATED NOT MORE THAN THREE (3) YEARS BEFORE APPLICATION DATE.**

____ **ONE PASSPORT SIZE PHOTO.**

____ **TWO 2"X 3" PHOTOS.**

2-After review of the application, Inspector will provide request forms to initiate background checks as per Bylaw #32.

IT IS AN OFFENSE FOR ANY PERSON TO MAKE A FALSE STATEMENT OF FACT IN REGARD TO THE CONTENTS OF THIS APPLICATION

Sign: _____ Date: _____

Applicant