



**Taxi License Application
(By-law 5-94 as amended)**

Company Information	
Company Name:	_____
Company Address:	_____ _____ _____
Name of Owner:	_____ _____
Owner's Address:	_____ _____

Insurance Details	
Insurance Company:	_____
Policy Number:	_____
Expiry Date:	_____
Broker:	_____

Proof of Mechanical Fitness	
Make and Model:	_____
Vehicle License No:	_____
Date Certified:	_____
Garage:	_____

Date: _____ Signature: _____
(Applicant)

Date: _____ Signature: _____
(Village Signing Authority)