**Town of Bancroft** 8 Hastings Heritage Way PO Box 790 Bancroft ON, K0L 1C0



**Attn: Clerks Department** 

Phone: 613-332-3331 Fax: 613-332-0384 info@bancroft.ca

## **Taxi Licence Application**

Name	
Mailing Address	
Home Phone	Cell Phone
Business Name	
Business Address	
Business Phone	Business Fax
Email Address	

## I am applying for a Taxi Owner's License

New Applicant: Items to Provide
Vehicle Ownership in the
Applicants Name
Valid Safety Standards Certificate
Valid Certificate of Insurance
Valid Criminal Record &
Vulnerable Sector Check
Valid AGCO Liquor Delivery
Licence (if applicable)
Licence Fee
Two Identical Passport Photos

Renewal (Before November 30<sup>th</sup>)
A Commissioned Affidavit
Licence Fee

## I am applying for a Taxi Driver's License

New Applicant: Items to Provide
Your Valid Driver's Licence
Valid Criminal Record &
Vulnerable Sector Check
A Current Driver's Abstract
Licence Fee
Two Identical Passport Photos

Renewal (Before November 30<sup>th</sup>)
Your Valid Driver's Licence
A Commissioned Affidavit
Licence Renewal Fee

## I certify that:

I am a Canadian Citizen, legally able to work in Canada;

I have been provided with a copy of the Taxi By-Law and I have read, understood and will abide by all provisions in the Taxi By-Law, as it may be amended; all of the information provided herein is accurate, true and complete;

I understand that all information collected herein is part of the application process and is used to assess the application.

Name	
Date	
Signature	

Date Received	Issued Date
Issued By	Expiry Date
Fee Amount	Paid Date
Date Refused	
Refusal Reason	