



Town of Milton
 150 Mary Street
 Milton, ON L9T 6Z5

T 905 878-7252 x 2105
 www.milton.ca

APPLICATION FOR TAXI/LIMOUSINE BROKER'S LICENSE

All pages of this application are to be completed in full, as applicable. Page 6 must be signed and dated by the applicant(s).

Taxicab BROKER Limousine BROKER New Application Renewal YEAR:

PART A

Applicant's Information			
Applicant's Full Name:			
Home Address:			
City:		Postal Code:	
Home Phone:		SIN Number:	
Cell Phone:		Birth Date:	

Business Information			
Business Name:			
Street Address:			
City:		Postal Code:	
Business Phone:			
Business Fax:		Email Address:	

Licensing / Plate Information		
Other Town of Milton licence(s) held with respect to taxicabs or limousines:		
Driver's License number(s)		
Owner's License number(s)		
Broker's License number(s)		

INFORMATION/DOCUMENTATION TO BE ATTACHED TO COMPLETED APPLICATION FORM:

		Comments (Office use)
BROKERAGE: Copy of Business Registration Documents		
Proof of Liability Insurance (\$2M liability)		
Adequate radio facilities		
Approved logo and roof sign		
Proof of zoning compliance		
Proof of / number of available off-street parking spaces		
Licensing Fee		



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PART B – Vehicle Information

1. Information regarding the Vehicles I/We provide BROKERAGE services for:

	Name of Owner:	Owner's Plate #
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

2. Information regarding the taxicab drivers I/We provide BROKERAGE services for (in numerical order by owner's plate):

	Taxicab Driver's Name:	Owner's Plate Number:
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

3.	I/We <input type="checkbox"/> have	previously held a BROKER'S license or an OWNER'S licence for a taxicab or limousine in the Town of Milton or in another municipality.
	I/We <input type="checkbox"/> have not	
	If other municipalities, please list:	



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4. My licence		<input type="checkbox"/> has never	been refused or cancelled by the Town of Milton or by another municipality.
		<input type="checkbox"/> has	
Details of the refusal or cancellation are as follows:			
Further details regarding my/our ownership of a taxi/limousine BROKERAGE are:			
Type BROKER'S licence (taxi/limousine):			
Business Name:			
Business Address:			
Dates of Ownership of BROKERAGE:			
Off-street Parking – Details for every on-duty vehicle operating from my BROKERAGE and /or every vehicle I/We own:			
Offences Disclaimer			
Have you ever been convicted of any offence, criminal or otherwise, within the last two (2) years?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain:			



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PART C - (CORPORATIONS ONLY) If the applicant is a corporation, please complete the following additional information:

Name of Corporation:			
Head Office Address: <input type="checkbox"/> Same as business address in Part A, or:			
Street Address:			
City:		Postal Code:	
Business Phone:			
Business Fax:		Email Address:	

Authorized individual acting for the Corporation with respect to this application:			
Name of Individual:			
Position with respect to the Corporation:			
Address of Authorized Individual: <input type="checkbox"/> Same as business address in Part A, or:			
Street Address:			
City:		Postal Code:	
Business Phone:			
Business Fax:		Email Address:	

President's Name:			
President's Address: <input type="checkbox"/> Same as business address in Part A, or:			
Home Address:			
City:		Postal Code:	
Business Phone:			
Business Fax:		Email Address:	

Vice-President's Name:			
Address: <input type="checkbox"/> Same as business address in Part A, or:			
Home Address:			
City:		Postal Code:	
Business Phone:			
Business Fax:		Email Address:	

1. List of ten shareholders with largest number of voting shares

	Last Name	Given Name(s)	Address	% of Shares Outstanding
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

PERSONAL INFORMATION ON THIS FORM IS COLLECTED UNDER THE AUTHORITY OF THE MUNICIPAL ACT 2001, S.O. 2001, AS AMENDED, AND WILL BE USED TO ASSESS APPLICATIONS FOR AND TO ISSUE TAXICAB OR LIMOUSINE BROKER LICENSES AND MAY BE PROVIDED TO THE CHIEF CONSTABLE WHEN REQUESTED.



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- List of individuals who are beneficial owners of 10% or more of voting shares issued and outstanding, who are not included on the above list of shareholders (Append additional list if necessary):

	Last Name	Given Name(s)	Address	% of Shares Outstanding
1.				
2.				
3.				
4.				
5.				

PART D – SOLE OWNERSHIP / PART OWNERSHIP

- I am the **sole** **part** owner of the business and said business will be operated under the following:

Name: _____

Address: <input type="checkbox"/> Same as business address in Part A, or:			
Street Address:			
City:		Postal Code:	
Business Phone:			
Business Fax:		Email Address:	

- If a part owner, please list the other partners below. Append a separate list if necessary.

Partner #1 Name: _____

Address: <input type="checkbox"/> Same as business address in Part A, or:			
Home Address:			
City:		Postal Code:	
Business Phone:			
Business Fax:		Email Address:	

Partner #2 Name: _____

Address: <input type="checkbox"/> Same as business address in Part A, or:			
Home Address:			
City:		Postal Code:	
Business Phone:			
Business Fax:		Email Address:	



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Partner #3 Name: _____

Address: <input type="checkbox"/> Same as business address in Part A, or:			
Home Address:			
City:		Postal Code:	
Business Phone:			
Business Fax:		Email Address:	

I/We hereby acknowledge that I/we have been provided with a copy of and have read and understand the regulations as set out in Town of Milton, Taxicab and Limousine Licensing By-law #94-2004, as amended and certify that all information provided herein is true. I/We also acknowledge that personal information collected as part of the application process for licenses is subject to release to the Chief Constable as and when requested by him or her.

APPLICANT'S SIGNATURE: _____ **Date:** _____