



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

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

APPLICATION FOR TAXI/LIMOUSINE DRIVER'S LICENSE

Row ID (office use only) _____

Both pages of this application are to be completed in full, as applicable. Page 2 must be signed and dated by the applicant.

ALL applicants are to arrange an appointment with the Licensing Administrator/ Officer to obtain their license and/or to take/retake the taxi test, by calling the Clerk's Office at (905) 878-7252 ext. 2105.

- Taxicab **Driver**
 Limousine **Driver**
 New Application
 Renewal
 Year _____
 Accessible Taxicab **Driver**

Taxi/Limousine Driver License Fee:

PART A – Personal and Business Information

Applicant's Home Address / Personal Information			
Applicant's Name (Last Name, Given Names):			
Home Address:			
City:		Postal Code:	
Home Phone:		SIN #:	
Cell Phone:		Driver's Licence #:	
Email Address:		Birth Date (Month, Day, Year):	

Applicant's Business Contact Information			
Employer's Name:			
Business Address:			
City:		Postal Code:	
Business Phone:		Business Fax:	

INFORMATION/DOCUMENTATION TO BE ATTACHED TO COMPLETED APPLICATION FORM:

	DOCUMENT NAME		For Office Use
	Driver's Licence	Expiry Date:	
	Medical Certificate from Doctor	Original – within last 60 days	
	Police Clearance Check	Original – within last 60 days	
	MTO – Driver's Abstract	Original – within last 60 days	
	Proof of Citizenship	Date of Expiry (PR Card):	
	Letter of Employment	(from Taxi Brokerage)	
	Licence Fee		
Taxi Test (Required for New drivers)			
	Test 1 date:	Grade:	Test 2 date:
			Grade:

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 DRIVER LICENSES AND THAT THE INFORMATION MAY BE PROVIDED TO THE CHIEF CONSTABLE UPON REQUEST.



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PART B -- Licensing Information

1.	I <input type="checkbox"/> have	previously held a driver's license for a taxicab or limousine in the Town of Milton or in another municipality.
	I <input type="checkbox"/> have not	

2.	My license	<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 most recent previous employment as a licensed taxicab/ limousine driver are:			
Type of license (taxi/limousine):			
Company Name:			
Employer's Name:			
Business Address			
Street:			
City:		Postal Code:	
Business Phone:			
Dates of Employment:			

Further details regarding next previous employment as a licensed taxicab/ limousine driver are:			
Type of license (taxi/limousine):			
Company Name:			
Employer's Name:			
Business Address			
Street:			
City:		Postal Code:	
Business Phone:			
Dates of Employment:			

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:	

I hereby acknowledge that I 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 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:** _____

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