



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

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

APPLICATION FOR TAXI/LIMOUSINE OWNER'S LICENSE

All pages of this application are to be completed in full, as applicable. Page 4 must be signed and dated by the applicant(s).

- Taxicab OWNER Limousine OWNER New Application Renewal YEAR:
 Taxicab OWNER TRANSFER Taxicab Change of Vehicle Accessible Taxi

Taxi/Limousine Owner License Fee: Taxicab Change of Vehicle Fee:

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)
BUSINESS Name – Proof of Registration	
VEHICLE – Proof of Ownership	
VEHICLE -- Proof of Liability Insurance (\$2M liability)	
VEHICLE SAFETY -- Certificate of Mechanical Fitness	
Vehicle Inspection Passed (MLEOs)	
Copy of incorporating document	
Affiliated to BROKERAGE – Yes: ___ No: ___	Brokerage Name: _____
Colours to Match BROKERAGE:	
Decals:	

-----FOR OFFICE USE ONLY-----	
DATE APPLICATION RECEIVED: _____	ROW #: _____
VEHICLE INSPECTION PASSED BY: _____	ATTACHED _____
DATE ISSUED: _____	EXPIRY DATE: _____
ISSUED BY: _____	Taxi/ Limousine Plate Number: _____
DATE OF FEE PAYMENT _____	AMOUNT: _____
PAYMENT DETAILS: CASH ___ CHQ ___ D/C ___	Auth# ___ RECEIPT # _____
DATE REFUSED: _____	REASON: _____

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



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PART B – Vehicle Information

I/We <input type="checkbox"/> have	previously held 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, give details:	

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 are:	
Type OWNER'S licence (taxi/limousine):	
Business Name:	
Business Address:	
Dates of Ownership of taxi/limousine:	

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:	

Vehicle(s) to be used in conjunction with the license(s) issued:

Vehicle:	Make:	Model:	Model Year:	Date of Manufacture:	VIN (Serial No.):	Motor Vehicle Licence No.
1.						
2.						
3.						
4.						

I certify that I am: (check one)

- the registered owner; or
- leasing the vehicle from a firm or company carrying on the business of leasing vehicles

I understand that before an owner's license(s) will be granted, a certified copy of the required insurance or a certificate of such policy covering each vehicle must be provided.

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:	

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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.				

2. 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.				



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PART D – SOLE OWNERSHIP / PART OWNERSHIP

1. 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:	

2. 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:			
Street 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:	

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 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:** _____

I _____ being the Licensed Taxicab Owner of Plate # _____ pursuant to the Town of Milton Taxicab & Limousine Licensing By-law 94-2004, as amended; hereby, acknowledge that I have sold my Taxicab to the applicant(s) named herein and understand that the *Licensing Officer* may direct the issuance of a Taxicab *Owner's License* and the number of the Owner's Plate# _____ to the applicant. I further acknowledge and understand that I no longer have the privileges of a Taxicab Owner's License in this regard.

SIGNATURE: _____ **Date:** _____

(Transferring Taxicab Owner)

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