

TAXI DRIVER APPLICANTS

TAXI DRIVERS MUST:

1. POSSESS A VALID DRIVER'S LICENCE AT TIME OF APPLYING.
2. PROVIDE A POLICE CRIMINAL BACKGROUND LETTER.
3. COMPLETE THE ATTACHED APPLICATION.
4. OBTAIN TWO (2) PASSPORT SIZE PHOTOS OF IDENTIFICATION.

LICENCE TO BE APPROVED BY THE CLERK, MUNICIPALITY OF NORTH PERTH

COST: \$25.00 FOR TWO-YEAR PERIOD

TAXI DRIVER APPLICANT

THIS INFORMATION IS COLLECTED PURSUANT TO BY-LAW NO. 45-2006 MUNICIPALITY OF NORTH PERTH TO ASSIST IN DETERMINING THE SUITABILITY OF A TAXI DRIVER/OWNER. IF YOU HAVE ANY QUESTIONS ABOUT THIS FORM, PLEASE CONTACT THE CLERK, MUNICIPALITY OF NORTH PERTH AT (519) 291-2062.

DATE: _____ TELEPHONE: _____

NAME: _____

ADDRESS: _____

DRIVER'S LICENCE: _____

ISSUE DATE: _____ EXPIRY DATE: _____

DATE OF BIRTH: _____

PROMISE OF EMPLOYMENT WITH: _____
(TAXI OWNER)

DRIVING RECORD (HIGHWAY TRAFFIC ACT OFFENCES): _____

LIQUOR LICENCE ACT OFFENCES: _____

CRIMINAL CODE OF CANADA OFFENCES: _____

ACCIDENTS: _____

PREVIOUS EMPLOYMENT: _____

TAXI DRIVER APPLICANT – MEDICAL INFORMATION

APPLICANT'S NAME: _____

ADDRESS: _____

A PHYSICIAN MAY BE REQUESTED TO MAKE REFERENCE TO THE FOLLOWING CONDITIONS IF REQUESTED BY THE CLERK'S DEPARTMENT.
PLEASE REFER TO ANY CONDITIONS WHICH WOULD IMPAIR YOUR ABILITY TO OPERATE A TAXI CAB.

1) EYESIGHT

2) HEARING

3) DOES THE APPLICANT SUFFER SEIZURES OR DIZZY SPELLS?

NO _____ YES _____

(IF YES, MEDICATION REQUIRED)

4) HEART PROBLEMS

5) HANDICAPS OR DISABILITIES

6) ADDITIONAL COMMENTS

APPLICANT SIGNATURE: _____

ADDRESS: _____

DATE: _____

MUNICIPALITY OF NORTH PERTH
TAXI DRIVER'S LICENCE UNDER TAXI BY-LAW

PART I – Application

I, NAME: _____

ADDRESS: _____

PHONE: _____

hereby apply for a licence under the Taxi By-Law of the Municipality of North Perth and any amendments that may be made thereto from time to time, to operate as a "TAXI DRIVER" within the meaning of the By-Law governing same.

DATE

SIGNATURE OF APPLICANT

PART II – Authority to Issue Taxi Licence

DRIVER'S LICENCE: _____ TOWN LICENCE# _____

EXPIRY DATE: _____ DATE ISSUED: _____

DATE OF BIRTH: _____

DRIVERS FOR: _____

DATE

LICENCE AUTHORIZED BY:

Patricia Berfelz

Clerk

PART III – Licence Certificate:

This is to Certify that _____ is licenced as a Taxi Driver for the current year or part thereof ending December 31, _____, subject to the By-Laws of the Municipality of North Perth, regulating the same.

Received: \$_____ being the fee for a Municipality of North Perth Taxi Driver's Licence.

DATE

FEE RECEIVED BY