

**MUNICIPALITY OF BRIGHTON**

**Application for Taxicab Owners License and/or Taxicab Driver's License**

Pursuant to By-Law 050-2009

**TAXICAB DRIVER'S LICENSE:**

**Date Submitted:** \_\_\_\_\_ **New Application** \_\_\_\_\_ **Renewal** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Phone Number (Business)** \_\_\_\_\_ **(Home)** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Citizenship:** \_\_\_\_\_

**Ontario Driver's License Number:** \_\_\_\_\_

**Class of Driver's License:** \_\_\_\_\_

**Previous Driving Record:**

**Suspensions:** \_\_\_\_\_

**Cancellations:** \_\_\_\_\_

**Other:** \_\_\_\_\_

**References:** 1. \_\_\_\_\_

2. \_\_\_\_\_

**Name of Taxicab Company:** \_\_\_\_\_

**Driver Employed:** \_\_\_\_\_ **Full-time** \_\_\_\_\_ **Part-time** \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

*(Please attach Certificate of Insurance)*

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**TAXICAB INFORMATION:**

**Safety Standard Certificate:** \_\_\_\_\_

*(Please attach Safety Standard Certificate)*

**Vehicle License Plate Number:** \_\_\_\_\_

**License Plate Issued:** \_\_\_\_\_

**Vehicle Make:** \_\_\_\_\_ **Model:** \_\_\_\_\_ **Year:** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Received by:** \_\_\_\_\_