

Taxi License Application (By-law 5-94 as amended)

Company Information		
Company Name:		
Company Address:		
Name of Owner:		
Owner's Address:		
	Insurance De	tails
Insurance Company: Policy Number:		
Expiry Date:		
	Proof of Mechanic	al Eitnaga
	Proof of Mechanic	ai Fittiess
Vehicle License No:		
Date Certified: Garage:		
Date:	Signature:	
	Digitature.	(Applicant)
Date:	Signature:	(Village Signing Authority)
		(vinage signing Aumority)