

Taxi Business Licence Application

Note: Taxi Business Licence refers to all positions within the Taxi/Limousine Company – driver or owner

Type of Licence:		
<input type="checkbox"/> Accessible Taxicab Driver	<input type="checkbox"/> Taxicab Driver	<input type="checkbox"/> Limousine Driver
<input type="checkbox"/> Accessible Taxicab Owner	<input type="checkbox"/> Taxicab Owner	<input type="checkbox"/> Limousine Owner
Applicant Information		
Name (First):		Name (Last):
Applicant Address:		City:
Postal Code:	Phone (Day):	Evening:
E-mail:		
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (y/m/d):	<input type="checkbox"/> Years of Driving Experience:
<input type="checkbox"/> Driver's Licence #:	<input type="checkbox"/> Expiry Date (y/m/d):	
Police Records		
Have you ever been found guilty or convicted, <u>for which no record suspension has been granted</u> , under the following:		
1. Criminal Code <input type="checkbox"/> Yes <input type="checkbox"/> No	2. Narcotic Control Act <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Food and Drugs Act <input type="checkbox"/> Yes <input type="checkbox"/> No	4. Controlled Drugs and Substances Act <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been found guilty of an offence under the Highway Traffic Act (ie: speeding ticket) or under the Liquor License Act? (If yes to either question, provide details). <input type="checkbox"/> Yes <input type="checkbox"/> No		
Taxi Background		
Have you ever had a Taxi License – either as a dispatcher, driver or owner? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes , when & where?)		
Have you ever been refused a Taxi License – either as a dispatcher, driver or owner, here or elsewhere? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes , please provide particulars).		
Taxi Company Information		
Name of Company:		
Additional Information (Owner Licence Only)		
<input type="checkbox"/> Make of Vehicle:	<input type="checkbox"/> Year of Manufacture:	
<input type="checkbox"/> Model:	<input type="checkbox"/> Vehicle Colour:	
<input type="checkbox"/> MTO Licence #:	<input type="checkbox"/> VIN #:	
<input type="checkbox"/> Meter Make:	<input type="checkbox"/> Meter Serial Number :	
Are you the owner of the vehicle for which a licence is requested?		<input type="checkbox"/> YES <input type="checkbox"/> NO
If NO: Is the vehicle leased? <input type="checkbox"/> YES – a copy of the lease contract must be provided		
Will you become the owner if the application is approved?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Is the vehicle subject to a Lien?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Supporting Documents

1. All Applicants:

- Have a current, valid and non-probationary driver’s licence issued by the Ministry of Transportation of Ontario
- Provide a letter of employment from a Taxicab / Limousine Company stating satisfactory Level 3 Police Criminal Records Check and Ministry of Transportation of Ontario Driver’s Record on file, as required per the Taxi Bylaw (2018)-20272.
- Passport size photo with white background

2. Accessible Taxicab Drivers:

- Provide a certification of completion of a wheelchair occupant restraining system training program, prior to issuance of licence

3. Owners:

- Provide proof of General Liability Insurance for the business in an amount not less than \$3 million
- Provide proof of Ownership
- Certificate of Safety Standards Certificate (*Valid for 30 days)

4. All Taxicab & Accessible Taxicab Owners:

- Get the taximeter tested and sealed by the City, prior to issuance of the licence
- Provide a letter from the Taxicab Company stating the shareholders approve the transfer of the share, if applicable.

Signature

I confirm that that I have answered the above questions in support of my application herein conscientiously believing my answers to be true and for no other or improper purpose.

I hereby release and discharge the City of Guelph and all members and employees of the said Municipality from any and all actions, claims and demands for damages, loss or injury howsoever arising which may hereafter be sustained by me as a result of the disclosure of information by the City of Guelph. I hereby authorize the City of Guelph to inquire into and disclose the results of any police records indicating criminal convictions, conditional and absolute discharges and outstanding criminal charges and to conduct a local police contact search with any police service in Canada. I certify that the information provided by me in this application is true and correct to the best of my knowledge and belief. I have read this consent and understand it and agree to it in its entirety. The personal information on this application is collected in accordance with the Municipal Freedom of Information and Protection of Privacy Act. This information will be used for the purposes of issuance and administration of business licences. Questions about this collection can be directed to the Information, Privacy and Records Coordinator, City Hall, 1 Carden St, Guelph, ON, N1H 3A1, 519-822-1260 x 2349.

Dated this _____ day of _____, 20____ in the city of Guelph, in the County of Wellington.

Signature of Applicant

Note: All correspondence will be mailed to applicant mailing address. Please contact the Licensing Department to book an appointment to submit your business licence application:

City of Guelph
1 Carden St.
Guelph, ON N1H 3A1
T: 519-822-1260 ext. 2551
E: licensing@guelph.ca