



Name of Applicant: _____ **Phone #:** (____) _____ **Email:** _____

Maiden Name: _____ Place of Birth: _____ Date of Birth: (M/D/Y) _____

Home Address: _____

Town/Village: _____ Postal Code: _____

Driver's License Number: _____ Class: _____ Expiry Date: _____

Name of Taxi/Limo Company: _____

Address:

Town/Village: _____ Postal Code: _____

Has the applicant's Driver's License ever been suspended? Yes ☐ No ☐

If yes state reason: _____

Does the applicant currently have any pending charges, or ever been convicted under any Federal or Provincial Act within the last 5 years for which a pardon has not been received? Yes: ☐ No: ☐

Please Specify: _____

Please submit this application with the following documents:

- 1) Original copy of Criminal Record Check;
- 2) Original copy of Driver's Abstract;
- 3) Copy of Ontario Driver's Licence; and
- 4) Licence Fee in accordance with the Fees By-Law

**TO: Municipal Law & Licensing Clerk
City of Kawartha Lakes
37 Lindsay Street South
Lindsay, Ontario K9V 2L9
Phone: (705) 324 – 9411 ext. 1328**

(Additional documents deemed pertinent in the granting of this application may be required at the request of the Licensing Officer.)

I hereby agree to submit my fingerprints upon the request of the City of Kawartha Lake's Chief of Police, OPP Inspector and or Licensing Officer, and also agree to authorize the City of Kawartha Lake's Chief of Police, OPP Inspector or designate, to release any information, which is deemed pertinent in the granting of this application:

Applicant's Signature: _____ **Date:** _____

DECLARATION

I, the undersigned, do solemnly declare that all information provided in and with this application is factual and correct and agree to abide by and adhere to all relevant by-laws, rules and regulations, matters and things as are, or may be enacted by the City of Kawartha Lakes, and to any applicable federal or provincial legislation or regulation in effect, enacted, or amended, from time to time, and make this solemn declaration conscientiously knowing that it is of the same force and effect as if made under oath.

X _____
Signature of Applicant

Date of Signature

The personal information on this form is being collected pursuant to the *Municipal Freedom of Information and Protection of Privacy Act* and the *Municipal Act*, for the principle purpose of processing this application. Questions about this collection should be directed to the City Clerk or Deputy Clerk at Clerks@kawarthalakes.ca