



# Application to Licence a Taxicab or Limousine in the City of Kawartha Lakes

The Licensing Fee must be collected prior to Agency Approval. Licensing fee is Non-Refundable

Name of Applicant: \_\_\_\_\_ Home Phone #: (\_\_\_\_) \_\_\_\_\_

Home Address: \_\_\_\_\_

Town/Village: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Driver's Licence Number: \_\_\_\_\_ Class: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Name of Taxi/Limo Company: \_\_\_\_\_

Address: \_\_\_\_\_ Town/Village: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Company Phone #: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

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: \_\_\_\_\_

Make & Model of Vehicle: \_\_\_\_\_ Provincial Plate #: \_\_\_\_\_

Year of Vehicle: \_\_\_\_\_ Vehicle Identification #: \_\_\_\_\_

Colour of Vehicle: \_\_\_\_\_ Odometer Reading: \_\_\_\_\_

Please submit this application with the following documents:

- 1) Copy of current Ontario Motor Vehicle Permit (Ownership);
- 2) Copy of current Vehicle Safety Standards Certificate;
- 3) Proof of appropriate Insurance Coverage with endorsement to carry passengers for compensation;
- 4) Provide proof of Ontario Plate Number and VIN; and
- 5) Annual Taxi/Limousine Licence Plate Fee and Metre Calibration Fee (if applicable) in accordance with the Fees By-Law.

TO: **Municipal Law & Licensing Clerk**  
**City of Kawartha Lakes**  
**37 Lindsay St 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](mailto:Clerks@kawarthalakes.ca)