



## Application to Operate a Taxicab or Limousine Broker Business in the City of Kawartha Lakes

Owner or Shareholder must complete all questions on this form. 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: \_\_\_\_\_

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

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

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

Total Number of Taxicabs: \_\_\_\_\_ Total Number of Limousines: \_\_\_\_\_

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) Proof of appropriate zoning, if applicable;
- 2) Copy of current Site Plan Drawing, if applicable;
- 3) Copy of Site Plan Agreement, if applicable;
- 4) Proof of property ownership or letter of permission to operate business on owner's property;
- 5) Copy of Ontario Master Business License or Articles of Incorporation;
- 6) Inspection Reports from City's Building, Health and Fire Departments;
- 7) Clearance letter from the City's Municipal Law Enforcement Office;
- 8) Proof of appropriate insurance coverage; minimum liability coverage of \$2,000,000 (Two Million Dollars);
- 9) Police Criminal Record Check for every owner, partner and/or shareholder of the corporation;
- 10) Signed Declaration of Accessibility Training; and
- 11) License Fee 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)