



SCHEDULE G

Application for Taxi Stand License  
Town of Fort Frances  
320 Portage Avenue  
Fort Frances, ON P9A 3P9  
Phone: (807) 274-5323      Fax: (807) 274-8479

Applicant: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Location of Proposed Taxi Stand: \_\_\_\_\_

Name(s) / Address(es) of all partners (if any) of the applicant:

1. \_\_\_\_\_

2. \_\_\_\_\_

Name(s) / Address(ees) of all vehicle owners/lessees for whom the applicant will act as a broker:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Insurance Company and Policy No. \_\_\_\_\_

I, \_\_\_\_\_, hereby apply for a taxi stand license and agree to abide by all applicable terms and conditions of the Town of Fort Frances By-law No.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

We, the undersigned, have reviewed and investigated the above application and recommend approval.

FOR OFFICE USE ONLY					
By-Law Enforcement Officer Municipal Planner Clerk	Approved	Not Approved	Signature	Referred to Council by:	Date
				Council Approval:	

Fee \$ \_\_\_\_\_      Receipt: \_\_\_\_\_      Date Paid: \_\_\_\_\_

(Certificate of Insurance to Accompany Application)