



SCHEDULE B

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

Applicant: _____

Owner/Manager: _____

Name(s) of all Owners: _____

Business Address: _____

Insurance Company: _____

Policy No. _____ Expiry Date: _____

I, _____, hereby agree to abide by all by-laws and regulations of the Town of Fort Frances and any statutory laws of the Province and/or Federal Governments governing the issue of licenses and the conduct of the business for which a license is applied for herein. I further acknowledge that the said Corporation of the Town of Fort Frances or any of its officers or officials cannot be held responsible in any way whatsoever for any investment made or expense incurred with any license or application for the same.

I, _____, certify that all of my statements are herein true and correct and I understand that any false statement made by me may be cause for my license to be revoked.

Signature, Owner/Manager _____

Date _____

To the Municipal Clerk of the Town of Fort Frances. I have investigated the above, and recommend approval.

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

Fee \$ _____

Receipt: _____

Date Paid: _____

(Vehicle Information Sheet Attached)