

SCHEDULE E



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

Renewal: ☐ OR New License: ☐

Name: _____
Surname Given Name(s)

Address: _____
Street Address Town Postal Code

Telephone: Home _____ Work _____

Weight: _____ Height: _____ Eye Colour: _____ Hair Colour: _____

Date of Birth: _____ Driver's License: _____

Taxicab Owner Certification

I, _____, owner of a taxicab license no. _____, do hereby attest that I intend to hire the applicant as a driver of my taxicab(s)

Signature - Taxicab Owner

Taxicab Driver Certification

The applicant acknowledges his/her being informed of the requirements, the conditions and the responsibilities for taxicab drivers as set out in the Town of Fort Frances Licensing By-law and in the event a licence is issued, the applicant agrees to abide by such requirements, conditions and responsibilities. The applicant further agrees to apply for a Personal Record Check with the Ontario Provincial Police and authorizes the Personal Record Check Report to be submitted to the Senior By-law Enforcement Officer or his designate to verify compliance with requirements of this By-law.

Signature - Applicant

For Office Use Only			
Town Of Fort Frances Record Checks	YES	NO	ATTACHED
A. Indictable offence within past 3 years			
1. Criminal Code of Canada			
2. Narcotic Control Act			
3. Food and Drug Act			
4. Liquor Licence Act of Ontario			
5. Criminal offence pertaining to operations of motor vehicle			
B. Sexual offence under the Criminal Code at any time.			
C. Deemed acceptable per Medical Certificate			
D. Minimum Ontario Class G Driver licence with minimum 2 years experience and minimum 5 demerit points			

By-Law Enforcement Officer

Date

Clerk

Date

Information collected on this application is made under the authority of the Town of Fort Frances Taxi Licensing By-law.