



**THE CORPORATION OF
THE MUNICIPALITY OF PORT HOPE
APPLICATION FOR TAXICAB OR LIMOUSINE
OWNER'S LICENSE
BY-LAW NUMBER 29/2013**

OWNER INFORMATION

NAME OF COMPANY: _____

OWNER'S NAME: _____

OWNER'S ADDRESS: _____

TELEPHONE: _____

COMPANY OPERATION ADDRESS: _____

Number of cabs or limousines to operate under this license: _____

Number of parking spaces on the company operation address: _____

Note: By-law 29/2013 provides that the Owner shall operate a taxicab or limousine business out of a retail commercial location as permitted in the Municipality's Zoning By-law and shall provide proof of sufficient off street parking spaces to accommodate every vehicle licensed under this By-law and such parking spaces shall not be located on Municipally owned lands.

NOTE: For each application submitted, a criminal background check for each Owner, a completed Vehicle Information form, Safety Standards Certificate and Letter from your Insurance Company is required for each licensed Taxicab or Limousine

DECLARATION

I certify all information provided to be correct in all respects and I hereby agree to comply with all of the requirements of By-law 29/2013 relating to Taxicab/Limousine Owner's License. I have attached hereto a criminal record check, a fully completed Municipality of Port Hope Vehicle Information form, Safety Standards Certificate and Insurance Information for each vehicle. I certify that I have not been convicted of a criminal offence within the past 3 years.

Applicant's Signature

Title

Date

Personal information contained on this form is collected under the authority of By-law 29/2013 and will be used to determine eligibility to receive a Taxicab Owner's License. Pursuant to the *Municipal Freedom of Information and Protection of Privacy Act*, the personal information contained in this form will be used solely for the purposes of determining eligibility for various licensing processes in the Municipality of Port Hope. The application forms part of the public record. Questions regarding this collection may be directed to the Municipal Clerk at 905.885.4544 or licensing@porthope.ca Questions regarding the collection of this personal information may be directed to:

**Director of Corporate Services, The Corporation of the Municipality of Port Hope
56 Queen Street, Port Hope, ON L1A 3Z9 905-885-4544**

**THE CORPORATION OF THE MUNICIPALITY OF PORT HOPE
APPLICATION FOR TAXICAB OR LIMOUSINE OWNER'S LICENSE, PART TWO**

VEHICLE INFORMATION

NOTE: A completed Vehicle Information form, Safety Standards Certificate and Letter from your Insurance Company is required for EACH licensed vehicle and a criminal records check for each Owner

NAME OF COMPANY: _____

MAKE: _____ MODEL: _____ YEAR: _____

SERIAL NUMBER: _____

LICENSE PLATE: _____

PLEASE ATTACH A COPY OF THE VEHICLE PERMIT TO THIS APPLICATION

SAFETY INSPECTION INFORMATION

PLEASE ATTACH A COPY OF THE SAFETY STANDARDS CERTIFICATE TO THIS APPLICATION

By-law 29/2013 requires every taxicab or limousine owner to supply a Safety Standards Certificate for each vehicle when initially applying for that taxicab or limousine and every six months thereafter, and more frequently when required by the Municipality.

INSURANCE INFORMATION

NAME OF INSURANCE COMPANY: _____

AGENT'S NAME: _____

AGENT'S ADDRESS: _____

TELEPHONE: _____

POLICY NUMBER: _____

PLEASE ATTACH A LETTER FROM YOUR INSURANCE COMPANY TO THIS APPLICATION

OFFICE USE ONLY

License Number _____ Date Issued _____ Year of Vehicle _____

Certificates Due: _____; _____; _____

Date Certificates Received: _____; _____; _____

NOTES:

Attachments: Vehicle Permit _____ Safety Certificate _____ Insurance Letter _____

Criminal Background Check for each owner _____

License Fees: (\$105.00) _____ Plus market value of cost for license plate \$ _____

Renewal (\$105.00) _____ (*Replace lost plate at market value cost)

(Sample Letter)

Date

The Corporation of the Municipality of Port Hope
56 Queen Street,
Port Hope ON L1A 3Z9

Attention: Ms. Dale Chipman, Licensing Officer
Corporate Services

Dear Sir:

Re: 'NAME OF TAXICAB/LIMOUSINE OWNER'

We hereby confirm that "NAME OF TAXICAB/LIMOUSINE OWNER" (hereinafter called "the Owner") has obtained from us a policy or policies of insurance in accordance with the requirements of By-law Number 29/2013 of the Municipality of Port Hope, being a By-law relating to owners and drivers of taxicabs limousines.

Specifically, we hereby certify to you that the policy or policies of insurance which have been taken out by the Owner are in full force and effect and are in accordance in all respects with the provisions of By-law Number 29/2013 relating to insurance for each taxicab/limousine. It is acknowledged that your Municipality will be relying on the statements and representations contained in this letter.

Yours very truly,

'NAME OF INSURANCE COMPANY'