



# Guelph Police Services Board Taxicab License Application Form

## INSTRUCTIONS:

- **Check off which type of License you are applying for:**
  - Accessible Taxicab Driver's License     Accessible Taxicab Owner's License     Dispatcher
  - Taxicab Driver's License     Taxicab Owner's License
- **For Taxicab Driver's License: complete Parts A, C & D only.**
- **For Taxicab Owner's License: complete entire form.**
- **The following documents must be attached to the completed application form:**
  - ✓ letter from Taxicab Company
  - ✓ Driver's License Abstract
  - ✓ Accessible Certificate (if applicable and once training is completed)
- **The following payment must accompany the application form:**
  - ✓ \$75.00 – Dispatcher
  - ✓ \$100.00 – Taxicab Driver/Accessible Taxicab Driver
  - ✓ \$250.00 – Regular Taxicab Owner (per vehicle)
  - ✓ no fee charged for new Accessible Taxicab Owner
  - ✓ **SHOULD THE LICENSE NOT BE ISSUED THE FEE WILL NOT BE RETURNED**

## PART A TAXICAB DRIVER'S LICENSE

### **(I) Personal Information:**

Name (*in full*): \_\_\_\_\_  
 Maiden name or any other name used: \_\_\_\_\_  
 Residence: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Mailing Address (*if different*): \_\_\_\_\_  
 Male  Female    Date of Birth (*y/m/d*): \_\_\_\_\_ Years of Driving Experience: \_\_\_\_\_  
 Driver's License #: \_\_\_\_\_ Expiry Date (*y/m/d*): \_\_\_\_\_

### **(II) Employment History:**

Present and Previous Employers in the last 10 years (*if additional space required please attach*):

1. _____	How Long Employed: _____
2. _____	How Long Employed: _____
3. _____	How Long Employed: _____
4. _____	How Long Employed: _____
5. _____	How Long Employed: _____

### **(III) Police Records:**

**(i.)** Have you ever been found guilty or convicted, for which no pardon has been granted, under the following? (*If answer is YES to any question, provide details in the space provided.*)

- 1. Criminal Code                     Yes  No \_\_\_\_\_
- 2. Narcotic Control Act            Yes  No \_\_\_\_\_
- 3. Food and Drug Act              Yes  No \_\_\_\_\_
- 4. Controlled Drugs and Substances Act  Yes  No \_\_\_\_\_

**(ii.)** Have you ever been found guilty of an offence under the Highway Traffic Act (*i.e.: speeding ticket*) or under the Liquor License Act? (*If answer is YES to either question, provide details in the space provided.*)

Yes  No \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**(IV) Taxicab Background**

Have you ever had a Taxicab Driver's License?  Yes  No (If answer is **YES**, when & where?): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been refused a Taxicab Driver's License here or elsewhere?  Yes  No (If answer is **YES** provide particulars.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART B TAXICAB OWNER'S LICENSE**

Make of Vehicle: \_\_\_\_\_ Year of Manufacture: \_\_\_\_\_  
Model: \_\_\_\_\_ License #: \_\_\_\_\_  
Serial #: \_\_\_\_\_ Engine #: \_\_\_\_\_

Are you the owner of the vehicle for which a license is requested?  Yes  No  
Is the vehicle subject to a Lien?  Yes  No (If **Yes** provide details): \_\_\_\_\_  
\_\_\_\_\_

Have you ever been refused a Taxicab Owner's License here or elsewhere?  Yes  No (If **YES** provide details.) \_\_\_\_\_  
\_\_\_\_\_

**NOTE: copy of proof of insurance, of Ownership and of Certificate of Mechanical Fitness is required prior to issuance of license.**

**PART C (to be completed at the Police Station in the presence of a Commissioner)**

I, \_\_\_\_\_ of the City of \_\_\_\_\_  
in the county of \_\_\_\_\_ do solemnly declare that: I have answered the above questions conscientiously believing them to be true, and knowing that this declaration it is made under the Canada Evidence Act.

**SWORN (DECLARED)** before me at the City of Guelph in the County of Wellington this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
A Commissioner, etc. X \_\_\_\_\_  
Signature of Applicant

**PART D CONSENT**

*I hereby authorize the Guelph Police Service (GPS) and any other Police Service that the GPS may request, to perform a police records check on me and to provide this information concerning me to the Guelph Police Service, and let this be your good and sufficient authority to release the information sought.*

*Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ in the city of Guelph, in the County of Wellington.*

\_\_\_\_\_  
Guelph Police Service Witness X \_\_\_\_\_  
Signature of Applicant