

Taxi Owner License Application

A. PURPOSE OF APPLICATION

New Taxi Vehicle License <input type="checkbox"/> Transfer Taxi License <input type="checkbox"/>	Application Date:
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*Please Supply A Clear Photo Copy of Your **Insurance Certificate**, Your **Motor Vehicle Registration** and **Motor Vehicle Inspection** that has been done within the last 30 days when submitting this application to the Town of Truro By-Law Enforcement Officer.*

B. APPLICANT

Name (Last, First):	Address:
Phone#:	Fax#:
Cell#:	Email:
Taxi Company Name:	Company Address:

C. INSURANCE INFORMATION

Insurance Company:	Insurance Agent:
Date of Coverage:	Policy#:

D. VEHICLE INFORMATION

Make:	Model:	Year:
VIN#:	Plate#:	Plate Expiry:
Color:		

D. DECLARATION OF APPLICATION

I Hereby make application for a Taxi Owner's License in the Town of Truro Pursuant to the regulations and requirements as set out in the Town of Truro Taxi By-law.

I, _____, certify that:
(Please Print Name)

1. The information contained in this application, and attached documentation is true to the best of my knowledge.
2. I agree to comply with the regulations of the Taxi By-Law for the Town of Truro and any amendments thereto.

Dated: _____ Signature: _____

OFFICE USE ONLY

Insurance Certificate Motor Vehicle Registration Motor Vehicle Inspection Inspection Report

Inspection Date:	Date Refused:
Reason:	
Date Issued:	Date Expires:

<p>Taxi Number Issued:</p>	<p>TAXI ADMINISTRATOR APPROVAL</p>
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