



Township of Essa
SUPPLEMENTAL TAXICAB APPLICATION FORM

Please note one application must be submitted per vehicle.

Registered Name of Business: _____

Applicant Name: _____

Business Phone Number: () _____

Cell: () _____

Fax: () _____

Email: _____

Website: _____

Owner Information *If not the applicant*

Name of Property Owner _____

Mailing Address _____

Telephone: () _____

Cell: () _____

Vehicle Information

Year

Make

Model

Color

Odometer Reading

kms

Attachments to be provided with the application:

- Valid Vehicle Safety Standards Certificate (dated within 30 days of application)
- Motor vehicle liability insurance card
- Ontario Vehicle Registration
- Approval from the Ministry of Transportation (for Accessible Taxi Cabs)
- Certificate of insurance for a minimum of \$3 million dollars showing Township as additionally insured for the company, and proof of insurance for the vehicle.

I, _____, of the _____ of _____, do hereby confirm that I am aware of and accept the conditions set out with respect to the issuance of this license and agree to the terms of the license and of By-law 2011-20, of the Township of Essa, concerning the business licensed herewith. I further hereby indemnify and save harmless the Township of Essa, its Committees and employees, for any and all claims arising out of the business activity authorized by this license.

Dated this _____ day of _____, _____.

 Signature of Applicant

 Issuer of Licenses

 Signature of Registered Vehicle Owner