



Township of Essa
SUPPLEMENTAL TAXI DRIVER APPLICATION FORM

Please note one application must be submitted per driver.

Applicant Information

Applicant Name _____

Telephone: () _____ Cell: () _____

Fax: () _____ Email: _____

Address _____

Street _____ Town _____

Postal Code _____

Business Information

Name of Business _____

Business Address _____

Contact Information Telephone: _____ Cell: _____

Attachments to be provided with the application:

- Police Clearance Letter (dated within 30 days of application)
- Driver's Abstract (dated within 30 days of application)
- Photocopy of front and back of valid Ontario Driver's License
- Letter from business stating applicant is an employee
- Accessibility Business Cards

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, from any and all claims arising out of the business activity authorized by this license.

Dated this _____ day of _____, _____.

 Signature of Applicant

 Issuer of Licenses

Please note all drivers must apply in person.