

SCHEDULE "1-A" TO BY-LAW 2017-090

THE CORPORATION OF THE TOWNSHIP OF MUSKOKA LAKES

APPLICATION FOR TAXI CAB LICENSE

Name of Applicant _____
Name of Firm, if applicable: _____
Address _____
Phone: _____ Fax: _____ Email: _____
Number of licenses applied for _____
Period license required for _____
From dd/mm/yy _____ To dd/mm/yy _____
Owner of Vehicle(s) _____
Operator of Vehicle(s) _____

VEHICLE AND INSURANCE INFORMATION

Year _____ Colour _____ No. of Doors _____
Make _____ Model _____
Mechanical fitness Certificate Number _____
Date of Issuance _____ Issued by _____
Name of Insurance Company _____
Insurance Policy Number _____
Amount of Public Liability & Property Damage Insurance in effect \$ _____
Date of Issuance _____ Date of Expiry _____
dd/mm/yy dd/mm/yy

If more than one vehicle, please attach additional information to this application. Copies of Vehicle Ownership, Mechanical Fitness Certificate and Proof of Insurance for each vehicle are to be attached to application.

I hereby certify that the information contained in this application is true and I further agree that I will abide by all the provisions of the Township of Muskoka Lakes By-law #2017-090 and amendments thereto.

Date Signature of Applicant

NOTE: Licenses issued shall expire on the 31st day of December in the year in which they are issued.

.....
To be completed by Municipality

Number of Licenses applied for _____
Fee for First License \$ _____
Fee for subsequent _____ Licenses \$ _____
Total \$ _____
Fee of \$ _____ Paid [] Receipt # _____

All required copies of Certificates provided [] Yes [] No

Signature of Licensing Clerk

SCHEDULE "1-B" TO BY-LAW 2017-090

THE CORPORATION OF THE TOWNSHIP OF MUSKOKA LAKES

APPLICATION FOR TAXI CAB LICENSE

Year _____ Colour _____ No. of Doors _____
Make _____ Model _____
Mechanical fitness Certificate Number _____
Date of Issuance _____ Issued by _____
Name of Insurance Company _____
Insurance Policy Number _____
Amount of Public Liability & Property Damage Insurance in effect _____
Date of Issuance _____ Date of Expiry _____
dd/mm/yy dd/mm/yy

.....

Year _____ Colour _____ No. of Doors _____
Make _____ Model _____
Mechanical fitness Certificate Number _____
Date of Issuance _____ Issued by _____
Name of Insurance Company _____
Insurance Policy Number _____
Amount of Public Liability & Property Damage Insurance in effect _____
Date of Issuance _____ Date of Expiry _____
dd/mm/yy dd/mm/yy

.....

Year _____ Colour _____ No. of Doors _____
Make _____ Model _____
Mechanical fitness Certificate Number _____
Date of Issuance _____ Issued by _____
Name of Insurance Company _____
Insurance Policy Number _____
Amount of Public Liability & Property Damage Insurance in effect _____
Date of Issuance _____ Date of Expiry _____
dd/mm/yy dd/mm/yy

.....

Year _____ Colour _____ No. of Doors _____
Make _____ Model _____
Mechanical fitness Certificate Number _____
Date of Issuance _____ Issued by _____
Name of Insurance Company _____
Insurance Policy Number _____
Amount of Public Liability & Property Damage Insurance in effect _____
Date of Issuance _____ Date of Expiry _____
dd/mm/yy dd/mm/yy

SCHEDULE "1-C" TO BY-LAW 2017-090

THE CORPORATION OF THE TOWNSHIP OF MUSKOKA LAKES

TAXI CAB LICENSE

TAXI CAB LICENSE

This license is granted to _____ for the operation of a Taxi Cab, as described below, for the transportation of passengers within the Township of Muskoka Lakes or from within the Municipality to a point not more than five kilometres beyond the limit of the Municipality for the period of:

_____ TO _____
dd/mm/yy dd/mm/yy

Year and make of Vehicle _____

Type of Vehicle _____

Colour _____

License Number _____

Date

Clerk