## Town of Bishop's Falls

## **Taxi Operating Licence Application**

Please enclose a \$50.00 application fee for processing. The Taxi Operating Licence is an additional \$200 per year (Jan 1 - Dec 31).

**Part A: General Information** 

Applicant Name:	
Company Name:	
Business Partner Name(s):	
Address:	
Telephone Number(s):	
Email address:	
If incorporated	
Corporate Name:	
Date of Incorporation:	
Incorporation Number:	
Address:	
Director/Officer Names:	
Part B: Operational Details  Please described your proposed taxi serv	ices in the space below (i.e. service area, hours of service, etc.)
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Taxicab 2	
Make:	
Model:	
Year:	
Serial Number:	
Please describe the general condition of t	the taxicab(s).
Part D: Driver Information	
Driver 1	
Name:	
Licence Number:	
Years of Experience:	
Driver 2	
Name:	
Licence Number:	
Years of Experience:	
Please provide copies of the drivers' lice	nces and recent driver abstracts.
Part E: Insurance Information	
Please attach the following:	
indicating a minimum coverage	of passenger liability insurance issued by an insurance provider of \$1,000,000 in respect of bodily injury to or the death of a from the taxi operations (section 16 of the <i>Town of Bishop's Falls</i> ).
minimum amount of \$75,000 co	icy of insurance issued by an insurance provider indicating a overage against all public liability and property damage arising 17 of the <i>Town of Bishop's Falls Taxi Regulations</i> ).
Part F: Declaration/Certification	
I hereby affirm the information contain knowledge of the facts set out in this app	ned in this application is true and accurate and that I have fullication.
I have reviewed the declaration	
Applicant	 Date