

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 describe your proposed taxi services in the space below (i.e. service area, hours of service, etc.)

**Part C: Taxicab(s) Details**

*Taxicab 1*

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Serial Number: \_\_\_\_\_

*Taxicab 2*

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Serial Number: \_\_\_\_\_

Please describe the general condition of 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' licences and recent driver abstracts.*

**Part E: Insurance Information**

Please attach the following:

- A duly certified copy of a policy of passenger liability insurance issued by an insurance provider indicating a minimum coverage of \$1,000,000 in respect of bodily injury to or the death of a passenger or passengers arising from the taxi operations (section 16 of the *Town of Bishop's Falls Taxi Regulations*).
- A duly certified copy of a policy of insurance issued by an insurance provider indicating a minimum amount of \$75,000 coverage against all public liability and property damage arising from the taxi operations (section 17 of the *Town of Bishop's Falls Taxi Regulations*).

**Part F: Declaration/Certification**

I hereby affirm the information contained in this application is true and accurate and that I have full knowledge of the facts set out in this application.

I have reviewed the declaration

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date