



Hanover Police Department
203 10th St. Hanover ON N4N 1N8
519.364.4280 | f 519.364.7202

APPLICATION FOR LICENCE OF A TAXICAB OR LIMOUSINE

Name of Agent/Owner		
Mailing Address of Agent/Owner		
Telephone No.	Age	DOB
Name of Broker you are associated with		
If a partnership, state the above in respect to all partners. If a lease vehicle, state Lessee's name and address. 		
Licence No. of Vehicle		
Serial No. of Engine		
Year	Make	Model
Colour	Odometer Reading (KM/miles)	
Insurer		
Agency		
Address of Agency		
Expiry Date of Insurance		
Agency Telephone No.		
Safety Standards Certificate Number		Issue Date
Does the applicant operate a Taxi Brokerage?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Number of vehicles owned by applicant which are licenced or intend to be licenced under this By-law.		
Signature of Registered Owner		Date
Signature of Chief of Police		Date



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APPLICATION FOR TAXICAB OR LIMOUSINE DRIVER'S LICENCE

Name		
Address		
Telephone No.		
Driver's Licence No.	Class	DOB
Conditions		
Employer (if not self employed)		
Employer's Address		
Name of Immediate Supervisor		
Telephone No.		
<p>Have you ever been convicted under the Criminal Code, Controlled Drugs and Substances Act, Food and Drugs Act, Other Federal Statutes, the Highway Traffic Act or Liquor Licence Act?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please specify offences/dates/details</p> <p>_____</p> <p>_____</p>		
<p>Does applicant own any vehicle(s) which are licenced or intended to be licenced under this By-law?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Number: _____</p>		
<p>I understand that my criminal record, as well as any personal history, pertinent to this position and issue of a licence, may be investigated.</p>		
Signature of Applicant		Date
Signature of Chief of Police _____		Date



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APPLICATION FOR LICENCE AS TAXI BROKER BUSINESS

Name of Registered Broker		
Mailing Address of Registered Broker		
Permanent Address of Registered Broker		
Telephone No.	Age	DOB
Is the Taxi Brokerage a Partnership? If "Yes", attach all of the above information in respect of all the partners.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the applicant a Corporation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does applicant own any vehicle(s) which are licenced or intended to be licenced under this By-law? Yes <input type="checkbox"/> No <input type="checkbox"/> Number _____		
Names and addresses of all vehicle agents, owners, or lessees for whom the applicant will act as Taxi Broker. (Attach separate sheet if necessary)		
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Signature of Applicant		Date
Signature of Chief of Police		Date