

CITY OF BELLEVILLE
TAXI OWNERS APPLICATION

Name of Company: _____

Address: _____

Postal Code: _____

Telephone: _____

List of Principle Officers, Directors & Interested Parties:

1. _____

2. _____

3. _____

Drivers Licence Number of all Principle Officers:

1. _____

2. _____

3. _____

Name of Insurance Company: _____

Address: _____

Insurance Broker (if applicable): _____

Address: _____

Telephone: _____

Policy Number: _____

Expiry Date: _____

I, _____ of _____ hereby acknowledge that I have read and understand City of Belleville By-law #2010-17 as amended as it relates to taxi cabs operating within the jurisdiction of the City of Belleville.

I, _____ of _____ hereby certify that all information contained herein this application is true and correct.

Dated at _____

This ____ Day of _____, 20 .

Authorized Signing Officer
I have authority to bind the company

Taxi Meter tested and sealed by _____, Belleville Police Service.

Dated: _____.

Approved by the Belleville Police Service

Per: _____ Date: _____
Chief of Police

Copies of the following information attached:

Insurance Policy _____

Insurance confirmation letter: _____

Insurance Binder: _____

Broker Licence: _____

Drivers Licence(s) _____

Ownership(s) _____

Safety Check(s) _____

Please attach names of all Brokers, Addresses, Vehicle(s), cab #'s for who this application relates