

CITY OF BELLEVILLE
BYLAW #2010-17
TAXI DRIVER APPLICATION

NAME: _____
ADDRESS : _____
TELEPHONE: (home) _____ (Bus.) _____
DRIVERS LICENCE NUMBER: _____
DATE OF BIRTH: _____

PREVIOUS EMPLOYERS :

NAME	ADDRESS	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever been refused or revoked a taxi driver's licence? Yes _____ No _____

If yes, please provide details: _____

Have you ever been convicted of a Criminal Offence for which a pardon has not been granted? Yes _____ No _____

If yes, please provide details: _____

Have you read and understand By-law #2010-17 of the City of Belleville? _____

Have you read and understand the Highway Traffic Act of Ontario? _____

Have you read and understand the Liquor Control Act of Ontario with respect to the possession and use of intoxicants? _____

I _____ do solemnly swear (or affirm) that the above information is true and correct, and I understand that if granted a licence, it may be suspended or cancelled at any time by the Belleville Police Service or the Corporation of the City of Belleville.

SWORN BEFORE ME IN

The City of Belleville _____

County of Hastings

This _____ day of _____ 20____.

OFFICE USE ONLY

Licence fee \$75.00 _____

2 colour passport photos _____

Copy of driver's licence _____

Criminal Record Search _____