



# TAXI DRIVER APPLICATION

Date \_\_\_\_\_

**APPLICATION INFORMATION** (Please note: All fields are mandatory and must be filled out):

Surname		Given Name		Initial
Street No.	Street Name			Apt. No.
Municipality		Province	Postal Code	

Provincial Driver's Licence Number	E-mail Address
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Home Phone Number	Cell Phone Number
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H.S.T. Registration Number
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**LICENSING HISTORY:**

- Have you held a Taxicab licence in this or any other municipality? 

Yes	No
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- If YES, where: \_\_\_\_\_
- Have you ever had a municipal licence suspended or revoked? 

Yes	No
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- If YES, explain: \_\_\_\_\_

**DRIVING INFORMATION:**

Licensed Taxi Brokerage Name	Taxicab Plate Number
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(Please Note all fields are mandatory.) Indicate which plate type you are operating:

Taxi Plate ( )      Airport Taxi Plate ( )

I certify that the information provided with respect to the above licence application is true, correct and complete.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Application Fee Receipt Number: \_\_\_\_\_

AMANDA Reference Number: \_\_\_\_\_

**For Office Use Only**



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**All of the following Documents must accompany this application:**

- ❑ Medical Fitness Report dated **within 30 days of application**
- ❑ Driving Abstract dated **within 30 days of application**
- ❑ Proof of eligibility to work in Canada (Birth Certificate/Passport/Resident's Card/Work Visa)
- ❑ Promissory Letter of Employment from Taxicab Brokerage Indicating Plate and Holder
- ❑ Vulnerable Sector Screening Form from the police service where you live **within 30 days of application**
- ❑ City Of Markham Brokerage Associated with and issued licence number operating under
- ❑ Valid Class 'G' Ontario Driver's Licence
- ❑ Proof of Driver on Company Insurance Certificate
- ❑ H.S.T. Registration Number and current year return

Please submit all applications online at [licensingfc@markham.ca](mailto:licensingfc@markham.ca) Applications must be complete during time of submission. Licensing cannot accept any incomplete or partial application packages.

**\*NOTE – applications will NOT be processed at the counter, and walk-in appointments will not be accepted**

Personal information on this form is collected under the authority of the Municipal Act, 2001 and will be used for Business Licensing or Municipal By-law Enforcement purposes only. Questions about this collection should be directed to the City Clerk at the City of Markham [licensingfc@markham.ca](mailto:licensingfc@markham.ca)