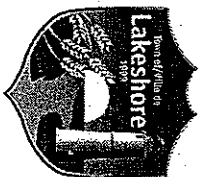


The Corporation of the Town of Lakeshore

Office of the Clerk

419 Notre Dame
BELLE RIVER, Ontario
NOR 1A0



PHONE: (519) 728-2700
1-877-249-3367
FAX: (519) 728-9530

APPLICATION FOR DRIVER'S PERMIT TO OPERATE A CAB OR MOTOR VEHICLE FOR HIRE IN THE TOWN OF LAKESHORE

TO: TOWN OF LAKESHORE

I, _____, hereby make application for a Driver's Permit to operate a cab in the Town of Lakeshore.

I represent that the answers to all questions contained in this form are true in every particular.

1. Residential Address

Telephone Number: _____

2. Birth date: _____ Age: _____ Weight: _____ Height: _____

Hair Color: _____ Eye Color: _____

Eyesight: Good Fair Poor Do you wear glasses? _____

Have you epilepsy, heart trouble, or any other physical of mental disability? _____ If so, please describe

3. Were you born in Canada? _____ If "No", did you make legal entry into Canada? _____ Where? _____ Date: _____

4. Marital Status: _____ Number of Children: _____

5. List your place(s) of residence for the past five (5) years up to present:

Date	Address

6. Have you ever been convicted of any criminal or other offence in Canada, the U.S.A. or elsewhere? _____ If so, please give details:

7. Have you ever been convicted of any violation of the Highway Traffic Act or of any moving violations anywhere pertaining to a motor vehicle? If so, please give details

8. Do you hold a provincial driver's license for the current year? _____

License Number: _____ Class of license: _____

9. Has any owner's license or driver's permit in your name ever been revoked or suspended? _____

If so, please give details:

10. I understand that the Taxi Driver's Permit applied for may be cancelled if there is any misstatement or concealment in answering questions on this application.

11. If application is granted, whom will you be employed by?

12. Have you been previously licensed to operate a cab in the Town of Lakeshore? _____ If yes, give years: _____

13. If this is your first application to operate a cab in the Town of Lakeshore, give particulars of experience elsewhere, if any.

14. Will you freely submit your fingerprints for record purposes? _____

Date: _____ Signature: _____

DOCUMENT CHECKLIST

- Application
- Photocopy of Driver's License
- Photocopy of Picture I.D. (if no picture is on Driver's License)
- Police Clearance - (MTO and OPP)

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DETACHMENT COMMANDER'S REPORT

Applicant's Name: _____
Residential Address _____

Detachment Commander's Comments for
The Town of Lakeshore _____

DECISION OF TOWN COUNCIL

- Approved Date of Resolution: _____
- Denied

CLERK

DISPOSITION

- Permit Issued Date: _____
- Applicant Advised of Denial

CLERK

