

**The Corporation of the Municipality of Kincardine**  
**By-law No. 2009-168**

**Schedule "E"**  
**Application for a Taxi Vehicle Licence**

Name of Registered Owner of Vehicle: \_\_\_\_\_

Mailing Address of Owner: \_\_\_\_\_  
\_\_\_\_\_

If a partnership or corporation, state the above in respect of all principles. If a lease vehicle, state Lessee's name and address.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Licence # of Vehicle: \_\_\_\_\_

Serial # of Engine \_\_\_\_\_

Year: \_\_\_\_\_

Model: \_\_\_\_\_

Make: \_\_\_\_\_

Colour: \_\_\_\_\_

Odometer reading: \_\_\_\_\_

Insurer: \_\_\_\_\_

Agency: \_\_\_\_\_

Address of Agency: \_\_\_\_\_

Expiry Date of Insurance: \_\_\_\_\_

Agency Telephone: \_\_\_\_\_

Safety Standard Certificate Number: \_\_\_\_\_

Has this vehicle ever been involved in a motor vehicle accident? \_\_\_\_\_

The applicant agrees to provide information on request; including personal information as defined in the Municipal Freedom of Information and Protections of Privacy Act. Personal information is collected under the authority of the Municipal Act, 2001, S.O. 2001 c. 25 for the purpose of assessing eligibility for a Taxi owner/operator, broker or driver licence. Questions about the collection of personal information may be addressed to the Clerk of the Municipality of Kincardine, 1475 Concession 5, R.R. #5, Kincardine, Ontario, N2Z 2X6. Phone: 519-396-3468

\_\_\_\_\_  
Signature of Applicant                      Date

\_\_\_\_\_  
Signature of Licensing Clerk              Date