Schedule "P" to By-Law No.
__1829(a)-13_____
Effective – January 1, 2014

Taxi Licence Fees

1.	Taxicab Operator Licence	$100.00
2.	Taxicab Vehicle Licence	$25.00
3.	Taxicab Drivers Licence	$15.00
4.	Taxicab Drivers Licence Renewal	$10.00
5.	Transfer of Vehicle Licence	$10.00
6.	Replacement Plate	$10.00
7.	Replacement Taxicab Drivers Licence	$5.00

Schedule "P" to By-Law No.
__1829(a)-13_____
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The Corporation of the Municipality of Red Lake
Municipal Office - P.O. Box 1000 - Fifth Street
Balmertown, Ontario
P0V 1C0

Website: www.red-lake.com
E-Mail: municipality@red-lake.com
Telephone: 807-735-2096
Fax No.: 807-735-2286

Application for Taxicab Drivers Licence

Name: _____ Date: _____
(Print in Full)

Date of Birth: _____ Phone Number: _____

Ontario Drivers Licence No: _____ Expiry Date: _____

Mailing & Street Address: _____

Name & Address of Proposed Employer: _____

_____

Present Employer: _____

Work Phone Number: _____

Previous Employer:_____

The above information may be verified by the Municipality
Please note, any incorrect or false information will make this application invalid

Signature of Applicant: _____

Criminal Reference Check
(Municipal Use Only)

In compliance with By-Law: ☐ Not in compliance with By-Law: ☐

Approved By: _____ Date Approved: _____

Fee Received ____ $15.00 ____ Receipt No.: _____

Licence No: _____ Municipal Cashier: _____

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Fax No.: 807-735-2286

Application for Taxicab Vehicle Licence

Date: _____

I hereby make an application to license a Taxi Cab within the limits of The Municipality of Red Lake.

Name of Applicant: _____

Name of Business: _____

Mailing & Street Address: _____

Make of Vehicle: _____ Year: _____

Vehicle Licence Plate No: _____

Serial No: _____ Model: _____

Insurance Policy No: _____

Insurance Company: _____

Insurance Policy Date: From _____ to _____

Public Liability: $_____ Property Damages: $_____

Public Vehicles Act Registration No: _____

Applicants Signature: _____

Municipal Use Only

Approved By: _____ Date Approved: _____

Fee Received: __$25.00__ Receipt No: _____

Vehicle Licence No: _____ Municipal Cashier: _____

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Application for Taxi Operators Licence

Name: _____ Date:_____
(Last) (First)

Street Address: _____

P.O. Box: _____ Town: _____ Phone number: _____

Name of Business: _____

Address of Business: _____

Explain what your business activities will be:
_____
_____

Name, Addresses of Principals (President, Managers, Etc.)
_____
_____

Number of Persons to be employed: _____

Name, addresses & phone numbers of three (3) references:
_____
_____
_____

****

Municipal Use Only

Fee $100.00

Approved By: _____ Date Approved: _____

Fee Received: ___$100.00___ Receipt No: _____

Licence No: _____ Municipal Cashier: _____

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Fax No.: 807-735-2286

Transfer Taxicab Vehicle Licence

Date: _____

Owner: _____ Business: _____

Address:

_____

Vehicle Originally Licenced

Make: _____ Model: _____

Year: _____ Vehicle Licence Plate Number: _____

Serial No.: _____ Insurance Policy No.: _____

Insurance Company: _____

Insurance Agent: _____

Insurance Expiry Date: From _____ to _____

Public Liability $ _____ Property Damages $ _____

Vehicle To Be Licenced

Make: _____ Model: _____

Year: _____ Vehicle Licence Plate Number: _____

Serial No.: _____ Insurance Policy No.: _____

Insurance Company: _____

Insurance Agent: _____

Insurance Expiry Date: From _____ to _____

Public Liability $ _____ Property Damages $ _____

Signature: _____

Municipal Use Only

Approved By: _____ Date Approved: _____

Fee Received: __$10.00___ Receipt No.: _____

Licence No.: _____ Municipal Cashier: _____

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P0V 1C0

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Telephone: 807-735-2096
Fax No.: 807-735-2286

Renewal Application for Taxi Operators Licence

Date: _____

I, _____ of _____
(Print Name) (Print Company Name)

at _____
(Print Mailing and Street Address)

certify that I am applying for a renewal of a Taxi Operators Licence issued by the Corporation of the

Municipality of Red Lake, and that no information has changed since the initial application.

Signature: _____Phone Number: _____

****

MUNICIPAL USE ONLY

FEE $100.00

APPROVED BY: _____ DATE APPROVED: _____

FEE RECEIVED: __$100.00__ RECEIPT NO: _____

NEW LICENCE NO: _____ MUNICIPAL CASHIER: _____

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Telephone: 807-735-2096
Fax No.: 807-735-2286

Renewal Application for Taxicab Drivers Licence

DATE:_____

I, _____, certify that I am applying for renewal
(Please Print)
of a Taxicab Driver's Licence, and that no information has changed and I have not been convicted under the Criminal Code of Canada, The Controlled Drugs and Substances Act, the Liquor Licence Act of Ontario, or the High way Traffic Act of Ontario since my original application.

Mailing Address: _____

Telephone Number: _____

Signature of Applicant: _____

Date: _____

Municipal Use Only

Approved By: _____ Date Approved: _____

Fee Received: ____$10.00____ Receipt Number: _____

Licence Number: _____ Municipal Cashier: _____