

**Note:** ALL fields on this Application form must be completed before the application can be processed.  
**Please print neatly.**



**Taxi Company Information**

Taxi Company Name: \_\_\_\_\_  
Taxi Company Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ GST# \_\_\_\_\_  
Website: \_\_\_\_\_ Email: \_\_\_\_\_  
Vehicle Colour: \_\_\_\_\_ Insurance Policy # (Copy required): \_\_\_\_\_  
Strathcona County Taxi Plate Number: \_\_\_\_\_

**Applicant Information \*Only complete if information has changed from original application\***

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Applicant Type:  Individual  Corporation

**Vehicle Information \*Only complete if information has changed from original application\***

- 1 Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ VIN: \_\_\_\_\_  
License Plate: \_\_\_\_\_ Vehicle Inspection Complete  yes  no
- 2 Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ VIN: \_\_\_\_\_  
License Plate: \_\_\_\_\_ Vehicle Inspection Complete  yes  no
- 3 Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ VIN: \_\_\_\_\_  
License Plate: \_\_\_\_\_ Vehicle Inspection Complete  yes  no
- 4 Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ VIN: \_\_\_\_\_  
License Plate: \_\_\_\_\_ Vehicle Inspection Complete  yes  no
- 5 Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ VIN: \_\_\_\_\_  
License Plate: \_\_\_\_\_ Vehicle Inspection Complete  yes  no

**Applicant Checklist**

	<b>Date Issued/Complete</b>	<b>Initial</b>
<input type="radio"/> Insurance policy number (provide copy)	_____	_____
<input type="radio"/> Vehicle information for all taxi vehicles, including VIN and licence plate number	_____	_____
<input type="radio"/> Driver information for all taxi drivers, including Provincial Operator's Licence numbers	_____	_____
<input type="radio"/> Certified record of inspection for each taxi vehicle	_____	_____

**Declaration**

*I hereby certify that all information given in this application is true to the best of my knowledge. I understand that giving false or misleading information may result in the rejection of your application.*

**Signature of Taxi Company Owner:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 (Application will not be processed, if left blank)

**For Office Use Only**

Receipt #: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Code: \_\_\_\_\_ Licence #: \_\_\_\_\_

**Collection and use of personal information**

Personal information is being collected under the authority of s.33(c) of the *Freedom of Information and Protection of Privacy Act* and will be used to manage and administer Strathcona County Taxi Permits. If you have any questions about the collection, use or disclosure of your personal information, contact Strathcona County Enforcement Services at 780-449-0170.