

TOWN OF OROMOCTO

APPLICATION FOR TAXICAB OPERATOR'S LICENSE

Social Insurance No. _____

Name in Full _____ Date of Birth _____

Current Address _____

Place of Birth _____

Driver's License No. _____ Class of License _____

Driving Experience _____

Occupation, Name and Address of Employers, past 5 Years

Have you been convicted for any traffic or other offence in the past 5 years? If answer is "yes", show nature of offence:

Name and address of employer for whom you intend to work:

I understand that I am required to immediately surrender my license to the Town Clerk should I be convicted of any offence specified at Section 5 of this by-law.

Signature of Applicant

This certifies that the applicant is fit and proper to be a taxicab driver in accordance with Section 5 (d) and (e) of this by-law.

Chief of Police

Date of issue _____ Fee Collected \$ _____

Term of License – From _____ To _____

Town Clerk