	TION FOR TAXI OPERATING LICENCE
OWNER OF TAXI:	
ADDRESS:	
MAILING ADDRESS:	
NAME OF TAXI BUSINESS:	
LOCATION OF TAXI BUSINESS:	
	):
DIIONE HOLE	BUSINESS:
NEWFOUNDLAND AND LABRA (copy attached):	
VEHICLE INSURANCE # (copy att	tached):
TAXI PERMIT #	EFFECTIVE DATE:
	EXPIRY DATE:
Processing Application Fee: - \$2	25.00 (To Be Submitted With Applications)
Processing Fee Receipt #: _	Date:
Accepted By:	
Once Approved Regular Permit F	Fee Of \$100.00 Along With Yearly Business Fee of \$400
Is Re	quired To Obtain Permit)
For Office I	Use Only After Permit is Sanctioned:
Deter	Permit Receipt #:
Date:	1 or mit receipt ".



## TAXI DRIVING APPLICATION

	IOWII OI PRICEITUR
DATE:	P.O. Box 99
	Placentia, NL, A0B 2Y0
	Phone: 709-227-2151 Fay: 700-227-222

APPLICANT NAME: \_\_\_\_\_ PHONE: \_\_\_\_ SIGNATURE: \_\_\_\_ ADDRESS OF RESIDENCE: MAILING ADDRESS: \_\_\_\_\_ EXPERIENCE IN TRANSPORTATION OF PASSENGERS OTHER WORK EXPERIENCE DURING LAST FIVE YEARS: **DRIVER'S LICENCE (COPY)** ISSUED BY: \_\_\_\_\_ DATE: \_\_\_\_ EXPIRY DATE OF TAXI DRIVING LICENCE:

## TAXI CAB INSPECTION FORM (non-mechanical)

TAXI COMPANY NAME:	
TAXI COMPANY OWNER:	
TAXI OWNER:	
TAXI PERMIT #:	
TAXI MAKE/MODEL:	
YEAR/REGISTRATION:	
TAXI INSURANCE POLICY #:	
DATE OF LAST MECHANICAL INSPECT	ION:
DATE OF LAST NON-MECHANICAL INS	
1) Valid Taxi Permit (Y/N)	
2) Valid Registration (Y/N)	
3) Valid Insurance (Y/N)	
4) Valid Vehicle Inspection (Y/N)	
5) Rate Card Displayed (Y/N)	
6) Driver's License Displayed (Y/N)	
7) Car is Clean Inside (Y/N)	
8) Upholstery & Doors in Good Conditio	n (Y/N)
This taxi is deemed satisfactory (Yes to all of	the above)
Signed:	
NSPECTOR:	DATE: