



THE CORPORATION OF THE MUNICIPALITY OF RED LAKE

TAXI LICENCE FEES

1.	Taxicab Operator Licence	\$ 150.00
2.	Taxicab Vehicle Licence	\$ 50.00
3.	Taxicab Drivers Licence	\$ 25.00
4.	Taxicab Drivers Licence Renewal	\$ 25.00
5.	Transfer of Vehicle Licence	\$ 20.00
6.	Replacement Plate	\$ 20.00
7.	Replacement Taxicab Drivers Licence	\$ 10.00



THE CORPORATION OF THE MUNICIPALITY OF RED LAKE

Municipal Office - P.O. Box 1000 – 2 Fifth Street
Balmertown, Ontario
P0V 1C0

Website: www.red-lake.com
E-Mail: municipality@redlake.ca

Telephone: 807-735-2096
Fax No.: 866-681-2954

APPLICATION FOR TAXICAB DRIVERS LICENCE

Name: _____
(Print in Full)

Date: _____

Date of Birth: _____

Phone Number: _____

Ontario Drivers Licence No: _____

Expiry Date: _____

Mailing and Street Address: _____

.....

Name and 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 shall make this application invalid

Signature of Applicant: _____

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**Criminal Reference Check
(Municipal Use Only)**

In compliance with By-Law:

Not in compliance with By-Law:

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Approved By: _____

Date Approved: _____

Fee Received: **\$25.00** _____

Receipt No.: _____

Licence No: _____

Municipal Cashier: _____



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APPLICATION FOR TAXICAB VEHICLE LICENCE

Date: _____ 20_____

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 and Street Address: _____

Make of Vehicle: _____ Year: _____

Model: _____ Serial No.: _____

Vehicle Licence Plate No: _____ Province: Ontario

Insurance Policy No: _____

Insurance Company: _____

Insurance Policy Date: From _____ to _____

Public Liability: \$ _____ Property Damages: \$ _____

Public Vehicles Act Registration No: _____

Applicants Signature: _____

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Municipal Use Only

Approved By: _____ Date Approved: _____

Fee Received: **\$50.00** _____ Receipt No: _____

Vehicle Licence No: _____ Municipal Cashier: _____



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APPLICATION FOR TAXICAB 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 and Phone Numbers of three (3) References:

.....

Municipal Use Only

Approved By: _____

Date Approved: _____

Fee Received: **\$150.00** _____

Receipt No: _____

Licence No: _____

Municipal Cashier: _____



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TRANSFER TAXICAB VEHICLE LICENCE

Date: _____ 20_____

Owner: _____ Business: _____

Address: _____

.....
Vehicle Originally Licenced:

Make of Vehicle: _____ Year: _____

Model: _____ Serial No.: _____

Vehicle Licence Plate No: _____ Province: **Ontario**

Insurance Policy No: _____

Insurance Company: _____

Insurance Policy Date: From _____ to _____

Insurance Agent: _____

Public Liability: \$ _____ Property Damages: \$ _____

.....
Vehicle to Be Licenced:

Make of Vehicle: _____ Year: _____

Model: _____ Serial No.: _____

Vehicle Licence Plate No: _____ Province: **Ontario**

Insurance Policy No: _____

Insurance Company: _____

Insurance Policy Date: From _____ to _____

Insurance Agent: _____

Public Liability: \$ _____ Property Damages: \$ _____

Signature: _____

.....
Municipal Use Only

Approved By: _____ Date Approved: _____

Fee Received: **\$20.00** _____ Receipt No.: _____

Licence No.: _____ Municipal Cashier: _____



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RENEWAL APPLICATION FOR TAXICAB OPERATORS LICENCE

Date: _____ 20 _____

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

at _____

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

Approved By: _____ Date Approved: _____

Fee Received: **\$150.00** _____ Receipt No.: _____

Licence No.: _____ Municipal Cashier: _____



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RENEWAL APPLICATION FOR TAXICAB DRIVERS LICENCE

Date: _____, 20_____

I, _____ certify that I am applying for renewal of a Taxicab
(Please Print)

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 Highway Traffic Act of Ontario since my original application.

Mailing Address: _____

Telephone Number: _____

Signature of Applicant: _____

.....

Municipal Use Only

Approved By: _____

Date Approved: _____

Fee Received: **\$25.00** _____

Receipt No.: _____

Licence No.: _____

Municipal Cashier: _____