OFFICE OF THE CITY CLERK

Policy, Gaming & Licensing

350 City Hall Square West - Suite 110
Windsor, ON N9A 6S1
Ph: 519-255-6200, Option 1 Fax 519-255-6868
www.citywindsor.ca

TAXICAB DRIVERS' WAITING LIST APPLICATION/RENEWAL

OFFICE USE ONLY

TIME (new only):_____

FOLDER #_____

REQUIRED: ☐ **Taxicab Photo Card** ☐ **At least ONE (1) consecutive year as Taxi Driver**

☐ **Ontario Class "G" drivers licence** ☐ **Statutory Declaration from Employer**

LICENCE FEE:

Drivers' Waiting List	**$ 40.00**
TOTAL FEE	**$ 40.00**

PLEASE PRINT CLEARLY

APPLICANT	**NAME:**			
	ADDRESS:			
	CITY:	**POSTAL CODE**	**HOME PHONE:**	**CELL PHONE:**
PERSONAL DATA	**DATE OF BIRTH: (MM/DD/YYYY)**	**WEIGHT:**	**HEIGHT:**	**COLOUR OF EYES:**
	ONTARIO DRIVER'S LICENCE NO.:		**EXPIRY:**	**CLASS:**
	TAXI DRIVER LICENCE NO.:		**# OF YEARS LICENSED:**	

THE DEADLINE TO OBTAIN THE RENEWAL OF A TAXICAB VEHICLE DRIVER LICENCE IS AUGUST 31ST. FAILURE TO OBTAIN A LICENCE RENEWAL BY AUGUST 31ST MAY RESULT IN YOUR NAME BEING REMOVED FROM THE TAXICAB DRIVERS' WAITING LIST. FAILURE TO RENEW YOUR DRIVERS' WAITING LIST BY YOUR ANNIVERSARY DATE WILL RESULT IN REMOVAL OF YOUR NAME FROM THE DRIVER'S WAITING LIST.

NOTE: APPLICATIONS ACCEPTED UNTIL 3:30 PM MONDAY-FRIDAY, EXCEPT HOLIDAYS

NOTICE WITH RESPECT TO COLLECTION OF PERSONAL INFORMATION

I acknowledge that the information requested on this form and any appendices attached is collected under the authority of the Municipal Act, City of Windsor Act and City of Windsor Public Vehicle By-Law 137-2007 As Amended and will be maintained in accordance with the Municipal Freedom of Information and Protection of Privacy Act. The information is required in order to process, issue, monitor, regulate and investigate the various licenses issued by the Windsor Licensing Commission. The name is public information. Any other personal information collected will only be used for investigative purposes. Questions about this collection can be made to the Deputy Licence Commissioner, Windsor, ON N9A 6S1 Phone: 519-255-6200, Option 1.

_____ _____

DATE (MM/DD/YYYY) **SIGNATURE OF APPLICANT**