



TAXI CAB LICENSE APPLICATION
Taxi Bylaw (SS-21)

CAR # _____

DATE _____

NAME OF COMPANY _____

OWNER(S) OF VEHICLE

NAME _____ DATE OF BIRTH _____

ADDRESS _____ TELEPHONE _____

NAME _____ DATE OF BIRTH _____

ADDRESS _____

DESCRIPTION OF VEHICLE

MAKE _____ MODEL _____ COLOR _____

SERIAL NO. _____ PEI PLATE NO. _____

INSURANCE PARTICULARS

POLICY # _____ P.L. & P.D. AMOUNT \$ _____

INSURANCE CO. & AGENT _____

ADDRESS _____

NOTE: CERTIFICATE OF INSURANCE, REGISTRATION AND SAFETY INSPECTION MUST ACCOMPANY APPLICATION.

INSPECTED SUMMERSIDE POLICE

SIGNATURE OF APPLICANT