APPLICATION FOR DRIVER'S PERMIT TO OPERATE A CAB OR MOTOR VEHICLE FOR HIRE IN THE TOWN OF LAKESHORE

TO: TOWN OF LAKESH	IORE						
Ι,	<u> </u>	hereby make application for a					
Driver's Permit to operate a		akeshore.					
I represent that the answer every particular.	rs to all questions co	ontained in this form are true in					
1. Residential Address							
Street Apt # or P	.O. Box						
City/Town	Province	Postal Code					
Home Phone #							
Business Phone #							
2. Personal Information	า						
	GE	WEIGHT					
\ //OLON	AIR COLOR	EYE COLOR					
VISION Good Fair							
Do you wear glasses?	Yes No						
Do you have you epilepsy, heart trouble, or any other physical or mental disability?							
		Yes □ No □					
If yes, please describe:							
3. Citizenship							
Canadian □ Landed Immigrant □ Other □	Date: Specify:						
4. Marital Status:	Numbe	er of Children:					

	present:					
	Date Addre				ess	
	Date			, radi	300	
6.	Have you ever Canada, the U.S			•	iminal or oth Yes □	
If so,	please give detai	ls:				
7.	Have you ever Act or of any vehicle?					
					Yes □	No 🗆
If so,	please give detail	ls				
8.	Do you hold a p	provincial	driver's	icense fo	r the current y	year?
					Yes 🗆	No 🗆
Licer	nse Number:					
	s of License:					
9.	Has any owner revoked or sus		e or drive	er's perm	it in your na	me ever been
					Yes 🗆	No 🗆
If so,	please give detai	ls:				
10.	I understand cancelled if the questions on th	ere is any	/ misstate		• •	for may be in answering

List your place(s) of residence for the past five (5) years up to

5.

11. If application is granted, whom will you be employed by? **Business Name:** Address: Town: **Province: Postal Code:** Phone Number: 12. Have you been previously licensed to operate a cab in the Town of Lakeshore? Yes □ No □ If yes, provide date(s): If this is your first application to operate a cab in the Town of 13. Lakeshore, give particulars of experience elsewhere, if any. 14. Will you freely submit your fingerprints for record purposes? Yes No 🗆 **Print Name** Signature **Dated DOCUMENT CHECKLIST** Application Photocopy of Driver's License

Photocopy of Picture I.D. (If no picture is on Driver's License)

Police Clearance - (MTO and OPP)