

**BUSINESS LICENCE APPLICATION**

**TAXI CAB OWNER & TAXI CAB BROKER**

Purpose:  New Taxi Owner  Change of Name/Personal info  
 New Taxi Brokerage  Change of Location

**PLEASE PRINT CLEARLY**

**PART 1 Business** - This information will appear on your Business Licence

Operating "AS" Name: \_\_\_\_\_

Operating Address: \_\_\_\_\_  
# and Street Apt/Unit # City/Province Postal Code

Business Phone #: \_\_\_\_\_ Business Fax #: \_\_\_\_\_

Mail

**PART 2 Applicant** - This information will appear on your Business Licence

Business Name/Numbered Company: \_\_\_\_\_

Owner's Name: \_\_\_\_\_  
First Name Last Name

Business Address: \_\_\_\_\_  
# and Street Apt/Unit # City/Province Postal Code

Business Phone #: \_\_\_\_\_ Business Fax #: \_\_\_\_\_

Business Email Address: \_\_\_\_\_

*(Note: Email will not appear on your licence)*

Mail

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**PART 3**

**Owner** - This information will NOT appear on your Business Licence

Owner's Name: \_\_\_\_\_  
First Name Last Name

Owner's Home Address: \_\_\_\_\_  
# and Street Apt/Unit # City/Province Postal Code

Home Phone #: \_\_\_\_\_

Mail

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**WARNING:** You require a Municipal Business Licence to operate a business. Persons who operate a business without the required licence are liable to prosecution. Penalty of conviction may be to a maximum of \$25,000 exclusive of costs; and for a Corporation, to a maximum of \$50,000 exclusive of costs.

Personal information required by this form is collected under the authority of the Municipal Act and the City of Burlington Business Licensing **By-law 20-2009** and will be used for licensing purposes and for law enforcement purposes to ensure compliance with the bylaw. Questions regarding the collection of this information may be addressed to: Licence Clerk, Planning and Building Department, 426 Brant Street, P.O. Box 5013, Burlington, Ontario, L7R 3Z6. Telephone 905-335-7731.

Providing false or incomplete information could result in the refusal of this application or, if your licence has been issued, in a recommendation to the Licensing Committee that your licence be suspended or revoked.

I, (please print name) \_\_\_\_\_, business owner acknowledge it is my responsibility to notify the City of Burlington in writing immediately of any change in the information provided during the course of the application, the period of a licence and upon any renewal of a licence and to ensure compliance with the City of Burlington Business Licensing **By-law 20-2009**, as amended, should a licence be issued.

Business Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**OFFICE USE ONLY**

How many regular plates issued: \_\_\_\_\_ How many accessible plates issued: \_\_\_\_\_

List plate numbers: \_\_\_\_\_ List plate numbers: \_\_\_\_\_

\_\_\_\_\_ Total Fee: \_\_\_\_\_

Received Date: \_\_\_\_\_ Payment Information: \_\_\_\_\_

Accepted By: \_\_\_\_\_ Licence #: \_\_\_\_\_

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**Zoning Approval**

Zoning Designation: \_\_\_\_\_

Signature & Date: \_\_\_\_\_

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