SCHEDULE "B"

WOODSTOCK

Fee Collected: $_____

TOWN OF WOODSTOCK

APPLICATION FOR TAXI OPERATOR'S LICENSE

Social Insurance #: _____

Surname: _____ Given Name: _____ Middle Name: _____

Date of Birth: _____ Place of Birth: _____

Present Mailing Address: _____

Telephone Number: _____

Driver's License #: _____ Class of License: _____

Driving Experience: _____

Occupation, Name & Address of Employers for the past 5 years:

_____

_____

_____

Have you been convicted of any traffic or other offence in the past 5 years?

If yes, describe the nature of the offence:

_____

_____

_____

Employer for whom you intend to work.

Business Name: _____ Telephone #: _____

Address: _____

_____

SIGNATURE OF APPLICANT

This certifies that the applicant is fit and proper to be a taxicab driver.

_____

COMPLIANCE OFFICER

Date of Issue _____

Term of License - From _____ To _____