

IMPORTANT INFORMATION FOR TAXI OWNERS AND OPERATORS



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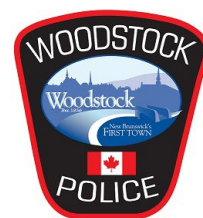
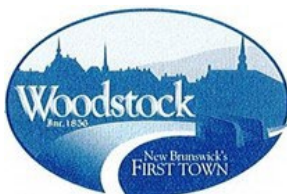
Did You Know?

Vehicles:

- All taxi vehicles must be registered as a taxi and have an **“H” plate**.
- All taxi vehicles must have an AV (Annual Vehicle) Inspection sticker and be able to provide their yellow paper upon request.
- All taxi vehicles must carry a proper insurance policy for the operation of a taxi, and be able to provide the policy number and company information upon request.
- All taxi vehicles must have a **taxicab owners license** issued by Woodstock and display the number in plain view at all times.

Operators:

- All taxi operators must have an active **Class 4** driver’s license.
- All taxi operators must have a **taxi operators license** issued by Woodstock and display it in plain view at all times.



TOWN OF WOODSTOCK
APPLICATION FOR TAXI OPERATOR'S LICENSE

Social Insurance No. _____

Surname _____ Given Name _____ Middle Name _____

Date of Birth _____ Place of Birth _____

Present Mailing Address _____

Driver's License No. _____ Class of License _____

Driving Experience _____

Occupation, Name & Address of Employers, past 5 year:

Have you been convicted for any traffic or other offence in the past 5 years? If yes, describe nature of offence.

Employer for whom you intend to work.

Name: _____ Tel: _____

Address: _____

SIGNATURE OF APPLICANT

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

BY-LAW OFFICER FOR POLICE CHIEF

Date of Issue _____

Term of License - From _____ To _____

AUTHORIZED SIGNATURE

TOWN OF WOODSTOCK
APPLICATION FOR TAXICAB OWNER LICENSE

I, _____, being the owner of a motor vehicle operating under company name: _____ Date of Birth: _____

Vehicle Serial Number: _____

Year: _____ Make: _____ Model: _____

License No.: _____

Motor Vehicle Inspection No.: _____

Date of Last Inspection: _____ Within One Month? _____

Insurance Policy No. _____ Amount: _____

Insurance Agent _____

make application to the Chief of Police for a taxicab owner license. My taxicab will be operated from the following address: _____

SIGNATURE OF APPLICANT

This certifies that the above-mentioned motor vehicle is suitable for use as a taxicab, and recommends this applicant for a taxicab license.

BY-LAW OFFICER FOR POLICE CHIEF

This certifies that the address from which it is stated that the taxi business will be operated is in the zone allowed by the zoning By-Law.

DEVELOPMENT OFFICER

Date of Issue _____

Term of License - From _____ To _____

Number of Taxicabs operated by applicant _____

AUTHORIZED SIGNATURE