



THE TOWN OF PARADISE
APPLICATION FOR TAXICAB OPERATING DRIVERS LICENSE

Province Driver's License No. _____ Class _____ Taxicab License No. _____
_____ Day of _____

I hereby make application for a Taxicab Driver's License to Drive a Taxicab as provided in the Taxi Regulations of the Town of Paradise.

I, _____
Full Name and address of applicant _____ Age _____

Previous address if less than two years at current address _____

What is your present occupation? _____

Whom are you employed with? _____

Are you already in the taxi Business? _____

Do you intend to carry on a taxi business yourself as a full-time operation or as part-time only?

Do you intend to apply for a driver-owner's license or a driver's license only? _____

Have you any physical incapacity? _____

Has your driver license ever been cancelled? _____. If so, state circumstances:

Have you ever been charged for drunken driving? _____

Have you ever been charged or convicted of any motor vehicle related offence under the Criminal Code of Canada? __YES __NO If Yes, When? _____

Have you ever been refused a driving license? _____

I, _____ make oath and say that the foregoing statement is correct and true to the best of my knowledge, information and belief.

Sworn before me at: _____
Signature in Full _____

Paradise, Newfoundland this _____ day of _____



TO THE TOWN CLERK

The above applicant is a person of _____ character as far as is known to me, and I consider that the person is qualified to hold a Taxicab Driver's License under the Taxi Regulations of the Town of Paradise.

Dated this: _____ day of _____

Inspector of Taxicabs
