



OFFICE OF THE CITY CLERK
Policy, Gaming & Licensing
350 City Hall Square West - Suite 110
Windsor, ON N9A 6S1
Ph: 519-255-6200, Option 1 Fax: 519-255-6868
www.citywindsor.ca

LIVERY PLATEHOLDER APPLICATION
(2 PAGES)

OFFICE USE ONLY

LICENCE # _____

APPLICANT NAME AND ADDRESS

APPLICANT NAME:		DATE OF BIRTH:	<u>(MM/DD/YYYY)</u>
STREET ADDRESS:		HOME PHONE:	
		CELL PHONE:	
CITY, PROVINCE:		POSTAL CODE:	

BUSINESS NAME AND ADDRESS

NAME UNDER WHICH BUSINESS OPERATES:		PLEASE INDICATE WITH A CHECK MARK:(√)	
		Corporation <input type="checkbox"/>	Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/>
STREET ADDRESS:		BUS. PHONE:	
		EMAIL ADDRESS:	
CITY, PROVINCE:		POSTAL CODE:	

MAILING ADDRESS FOR BUSINESS, IF DIFFERENT THAN ABOVE

STREET ADDRESS:		CITY, PROVINCE:	
		POSTAL CODE:	

CLASS OF VEHICAL (PLEASE CHECK ALL THAT APPLY √)

<input type="checkbox"/>	LIMOUSINE (CLASS A)	<input type="checkbox"/>	EXECUTIVE (CLASS C)	<input type="checkbox"/>	PEDICAB (CLASS E)
<input type="checkbox"/>		<input type="checkbox"/>	VAN (CLASS D)	<input type="checkbox"/>	HORSE DRAWN CARRIAGE (CLASS F)

LICENCE FEES

LIVERY VEHICLE	<input type="checkbox"/>	MOTORIZED - \$180.00	<input type="checkbox"/>	MUSCULAR - \$70.00
	<input type="checkbox"/>	NUMBER OF PLATES	<input type="checkbox"/>	NUMBER OF PLATES

HAVE YOU EVER HAD ANY PREVIOUS MUNICIPAL LICENCE(S)?
YES ☐ NO ☐ IF YES: What type? _____

What year? _____

HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OR INDICTABLE OFFENCE IN CANADA OR ANY OTHER COUNTRY?
YES ☐ NO ☐ IF YES: Year? _____

Location? _____

PLEASE ENCLOSE THE FOLLOWING DOCUMENTS WITH THIS APPLICATION

<input type="checkbox"/>	Safety Standards Certificate	<input type="checkbox"/>	Vehicle Ownership
<input type="checkbox"/>	Insurance Policy	<input type="checkbox"/>	Market Study
<input type="checkbox"/>	Photo Of Vehicle	<input type="checkbox"/>	Certificate of Incorporation including Directors, if applicable
<input type="checkbox"/>	Rate Schedule	<input type="checkbox"/>	Business Name Registration, if applicable
<input type="checkbox"/>	Proof of Work Status	(2) pieces of government-issued identification including one photo I.D. as well as one I.D. demonstrating proof of status in Canada (e.g. birth certificate, Canadian passport, Canadian citizenship card, permanent resident card, work permit, etc.	
<input type="checkbox"/>	Valid Photo Identification		

LIVERY VEHICLE INFORMATION

CITY PLATE	YEAR OF MANUFACTURE	MAKE/ MODEL CLASS OF VEHICLE	PROVINCIAL PLATE NO.	SERIAL NO.

PARTICULARS OF INSURANCE

Insurance Liability		Expiry Date	
Insurance Company		Insurance Agent	

NOTICE WITH RESPECT TO COLLECTION OF PERSONAL INFORMATION

I also acknowledge that the information requested on this form and any appendices attached are collected under the authority of the Municipal Act, City of Windsor Act, and City of Windsor Licensing By-law 137-2007 As Amended. This information is required in order to process, issue, monitor, regulate and investigate the various licenses issued by the Office of the City Clerk, Policy, Gaming & Licensing Division. The name and business address of the licensee is public information. Any other personal information collected will only be used for investigative purposes. Questions regarding this collection can be made to the Supervisor of Licensing, 350 City Hall Square W. Suite 110, Windsor, ON N9A 6S1, 519-255-6200.

DATE (MM/DD/YYYY)

SIGNATURE OF APPLICANT & TITLE



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PLEASE RETURN THIS APPLICATION WITH YOUR PAYMENT TO THE OFFICE OF THE CITY CLERK/POLICY, GAMING & LICENSING DIVISION AT 350 CITY HALL SQUARE WEST, ROOM 203, WINDSOR, ON N9A 6S1. THE LICENCE RENEWAL DEADLINE IS AUGUST 31ST ANNUALLY. A 50% LATE PENALTY IS ADDED TO THE BUSINESS LICENCE FEE ON SEPTEMBER 1ST. THE APPLICANT COULD FACE FURTHER PENALTIES/FINES FOR OPERATING WITHOUT A VALID BUSINESS LICENCE.

I, _____ ACKNOWLEDGE THAT I SHALL NOT COMMENCE OPERATION OF THE LIVERY VEHICLE UNTIL THE FORMAL LICENCE IS ISSUED TO ME.

I HEREBY UNDERTAKE TO NOTIFY THE LICENCE COMMISSIONER TEN DAYS PRIOR TO CANCELLATION OF SAID INSURANCE OR ANY PART THEREOF, OR TRANSFER TO ANY OTHER COMPANY OF SUCH INSURANCE.

*****IT IS THE APPLICANT'S RESPONSIBILITY TO ENSURE THAT ANY AND ALL ADDITIONAL PROVINCIAL OPERATING LICENSES, AS REQUIRED BY THE MINISTRY OF TRANSPORTATION, ARE OBTAINED AND MAINTAINED.*****

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