



OFFICE OF THE CITY CLERK

Policy, Gaming & Licensing

350 City Hall Square West – Suite 110
 Windsor, ON N9A 6S1
 Ph: (519) 255-6200, Opt.-1 Fax (519) 255-6868
 www.citywindsor.ca

**TAXICAB VEHICLE
 REPLACEMENT APPLICATION (2 PAGES)**

OFFICE USE ONLY

Licence #: _____

Plate # : _____

REQUIRED:

	Safety Standards Certificate
	Insurance Policy (\$2 million minimum)
	Vehicle Ownership
	Lease Agreement (if applicable)

LICENCE FEE:

Taxicab Vehicle – replacement	Plate Number:	\$ 70.00
TOTAL FEE		\$ 70.00

PLATE HOLDER	NAME:		DATE OF BIRTH: (MM/DD/YYYY)	
	ADDRESS:			
	CITY:	POSTAL CODE:	HOME PHONE:	CELL PHONE:
VEHICLE OWNER	NAME:		DATE OF BIRTH: (MM/DD/YYYY)	
	ADDRESS:			
	CITY:	POSTAL CODE:	HOME PHONE:	CELL PHONE:
TAXICAB DRIVER	NAME:		DATE OF BIRTH: (MM/DD/YYYY)	
	ADDRESS:			
	CITY:	POSTAL CODE:	HOME PHONE:	CELL PHONE:
BUSINESS INFORMATION	BUSINESS NAME:			
	BUSINESS ADDRESS:			
	CITY:	POSTAL CODE:	PHONE:	FAX:
CORPORATION (if applicable)	NAME OF CORPORATION:			

NOTICE WITH RESPECT TO COLLECTION OF PERSONAL INFORMATION

I acknowledge that the information requested on this form and any appendices attached is collected under the authority of the Municipal Act, City of Windsor Act and City of Windsor Public Vehicle By-law 137-2007 (amended by By-law 150-2018) and will be maintained in accordance with the Municipal Freedom of Information and Protection of Privacy Act. The information is required in order to process, issue, monitor, regulate and investigate the various licenses issued by the Windsor Licensing Commission. The name is public information. Any other personal information collected will only be used for investigative purposes. Questions about this collection can be made to the Deputy Licence Commissioner, 350 City Hall Square West – Suite 110, Windsor, ON N9A 6S1 (519) 255-6200, Option 1.

I acknowledge that I shall not commence operation of a taxicab vehicle until the formal licence is issued to me.

DATE (MM/DD/YYYY)

SIGNATURE OF APPLICANT & TITLE

TAXICAB VEHICLE REPLACEMENT APPLICATION

CURRENT VEHICLE (TO BE REPLACED):

Year of Manufacture	Make/Model	Provincial Plate No.	V.I.N.	Leasing Yes/No

REPLACEMENT VEHICLE:

Year of Manufacture	Make/Model	Provincial Plate No.	V.I.N.	Leasing Yes/No

PARTICULARS OF INSURANCE:

INSURANCE COMPANY	
POLICY NUMBER	
EXPIRY DATE (MM/DD/YYYY)	
LIABILITY AMOUNT	\$

CONDITIONS:

- 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.
- I acknowledge that I shall not commence operation of the taxicab until vehicle replacement process is complete, including any necessary inspections.

DATE: _____
(MM/DD/YYYY)

PLATEHOLDER SIGNATURE