



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

TOW TRUCK OWNER/VEHICLE

OFFICE USE ONLY

LICENCE # _____

APPLICATION (2 PAGES)

APPLICANT NAME AND ADDRESS

APPLICANT NAME:		DATE OF BIRTH:	(MM/DD/YYYY)
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:		
CITY, PROVINCE:		FAX NUMBER:		
		POSTAL CODE:		

MAILING ADDRESS FOR BUSINESS, IF DIFFERENT THAN ABOVE

STREET ADDRESS:		CITY, PROVINCE:	
		POSTAL CODE:	

LICENCE CATEGORY

LICENCE FEES

TOW TRUCK - OWNER		NEW - \$105.00	RENEWAL-\$105.00
TOW TRUCK - PER VEHICLE		NEW - \$52.00	RENEWAL-\$52.00

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? (FOR WHICH A PARDON HAS NOT BEEN GRANTED)
 YES NO IF YES: Year? _____
 Location? _____

PLEASE ENCLOSE THE FOLLOWING DOCUMENTS WITH THIS APPLICATION

Schedule of Rates Charged	Insurance Policy (\$2 million minimum liability)
Vehicle Ownership	Safety Standards Certificate (not older than 30 days)
Proof of Work Status	<i>(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.</i>
Valid Photo Identification	

PLEASE ENCLOSE THE ADDITIONAL DOCUMENTS IF ALSO ACTING AS DRIVER

Police Records Check (Not Older Than 30 Days)	Valid Ontario Driver's Licence "Class-G"
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IF ACTING AS DRIVER ALSO YOU WILL REQUIRE A BI-ANNUAL PHOTO ID CARD. THE COST FOR THIS CARD IS \$16.95 (INCLUDING HST). PLEASE NOTE THAT THE MUNICIPAL PHOTO ID CARD ISSUED FOR BUSINESS LICENSING PURPOSES IS THE PROPERTY OF THE CITY OF WINDSOR. THERE WILL BE A \$28.25 CHARGE (INCLUDING HST) FOR THE REPLACEMENT OF ANY LOST OR STOLEN PHOTO ID CARDS

DEPARTMENT DISTRIBUTION ONLY

ZONING CLEARANCE	
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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 NOVEMBER 30TH ANNUALLY. A 50% LATE PENALTY IS ADDED TO THE BUSINESS LICENCE FEE ON DECEMBER 1ST. THE APPLICANT COULD FACE FURTHER PENALTIES/FINES FOR OPERATING WITHOUT A VALID BUSINESS LICENCE.

NOTICE WITH RESPECT TO COLLECTION OF PERSONAL INFORMATION

I 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. 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

BY MAKING APPLICATION, I HEREBY ACKNOWLEDGE THAT I SHALL NOT COMMENCE OPERATION IN THE CITY OF WINDSOR UNTIL THE FORMAL LICENCE IS ISSUED TO ME.



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LICENCE # _____

APPLICATION-PAGE 2

I hereby make application under By-law 395-2004 for a Tow Truck Owner/Vehicle Licence.

BUSINESS NAME:

BUSINESS ADDRESS:

THE FOLLOWING SECTION FOR NEW APPLICATIONS ONLY

IF THE COMPANY IS INCORPORATED, PLEASE PROVIDE THE FOLLOWING:

- LETTERS OF INCORPORATION (NOTARIZED COPY IS ACCEPTABLE)
- LIST OF SHAREHOLDERS

IF THE COMPANY IS A PARTNERSHIP, PLEASE PROVIDE THE FOLLOWING:

- A DECLARATION SIGNED BY ALL PARTNERS DECLARING THE FULL NAME OF EVERY PARTNER AND THE ADDRESS OF THEIR NORMAL RESIDENCE

PLEASE COMPLETE THE FOLLOWING:

WHERE DOES THE BUSINESS STORE OR PARK IT'S TOW TRUCK VEHICLES?

PARTICULARS OF INSURANCE

<u>INSURANCE COMPANY</u>	<u>POLICY NUMBER</u>	<u>EXPIRATION DATE</u>

BY MAKING APPLICATION I _____ ACKNOWLEDGE THAT:

- I SHALL NOTIFY THE LICENCE COMMISSIONER TEN DAYS PRIOR TO THE CANCELLATION AND/OR TRANSFER OF ANY INSURANCE POLICIES PERTAINED TO MY TOWING COMPANY OR ITS LISTED VEHICLES.
- VEHICLES LISTED ON THIS APPLICATION BELOW MEET ALL PROVINCIAL REQUIREMENTS.

SIGNATURE: _____

SCHEDULE OF VEHICLES

CITY PLATE	TYPE OF VEHICLE	MAKE/MODEL	YEAR	V.I.N.	PROVINCIAL PLATE #

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