Licence Renewal Application

City of Mississauga
Transportation and Works Department
Enforcement Division, Mobile Licensing
3235 Mavis Road, Ground Floor
Mississauga ON L5C 1T7
Telephone No. 905-896-5643
Fax No. 905-615-4486
Bus. Hours: 8:30 a.m. to 4:00 p.m.
Monday to Friday
www.mississauga.ca/enforcement

Personal information on this form is collected under the authority of sections 11, 150, 151, and 156 of the Municipal Act 2001, and City of Mississauga By-Law #420-04, as amended. The information will be used to license, regulate and govern owners and drivers of Taxicabs and the business of Taxicab Brokers and for the administration of the Public Vehicle Licensing Program. Questions regarding the collection of this information should be directed to the Manager, Mobile Licensing Enforcement, 905-896-5463.

TYPE OF LICENCE:

Name (last) _____ (first) _____ (middle) _____

Present Address _____ Apt/Unit _____

City _____ Postal Code _____ Tel No. _____

Cell No. _____ Email Address _____

Details

Date of Birth _____ (YY MM DD)

Provincial Driver's Lic.No.: _____

Company Driving for: _____ Plate No.: _____

1. Are there any outstanding judgements against you? ☐ Yes ☐ No
If yes, give full particulars:

2. Since you were last licensed by this licensing section, have you been convicted of any :
(a) Federal Law (eg. Criminal Code of Canada) for which a pardon has not been granted? ☐ Yes ☐ No
(b) Provincial Law (eg. Highway Traffic Act? ☐ Yes ☐ No
(c) Municipal By-Law (eg. Public Vehicle Licensing) ☐ Yes ☐ No
(d) Any law of any country ☐ Yes ☐ No

If yes, give full particulars: _____

TO BE COMPLETED BY OWNERS AND LESSEES ONLY

SINCE THE LAST LICENCE WAS ISSUED

1. Are you: (a) A discharged or undischarged bankrupt? ☐ Yes ☐ No

(b) Presently a party to bankruptcy proceedings? ☐ Yes ☐ No

(c) Have you been involved as an officer, director or majority shareholder with a corporation that is bankrupt or is presently a party to bankrupt proceedings? ☐ Yes ☐ No
If yes to any of the above questions, give full particulars including dates:

Signature of Applicant: _____ Date _____ (YY MM DD)

CAUTION: Any applicant who gives false information in this application may have any issued licence revoked or suspended and could be subject to further legal proceedings.

For staff use only