

# Owner Licence Application

Transportation and Works Department  
 Enforcement Division, Mobile Licensing  
 3235 Mavis Road, Ground Floor  
 Mississauga ON L5C 1T7  
 Phone: 905-615-4311 Fax No. 905-615-4486  
 Hours: 9:30 am to 4:00 pm, 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 licence, 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, 905-615-3200 ext. 5648.

## Application

Type of Licence applied for:

Type of Applicant:  Individual  Partnership  Corporation

### Individual

Applicant's Name: Last		First	Operates As (Company Name)	
Address				Apt./Unit #
City	Province	Postal Code	Phone #	
Cell #	Email Address			
Date of Birth (YYYY/MM/DD)	Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Height
Weight	Colour of Eyes	Colour of Hair		

### Partnership or Corporation

Name of Partnership or Corporation ( <i>Attach Articles of Incorporation and/or Business Name Registration as applicable</i> )				
Name under which business will be operated if different from above				
Business Address				Unit #
City	Province		Postal Code	
Phone #	Fax #	Email		
Mailing Address (if different than above)				
City	Province	Postal Code	Phone #	

### To be completed by all Partners in a Partnership or all Corporate Officers and Directors

1. Applicant's Name: Last		First	Date of Birth (YYYY/MM/DD)		
Home Address			Apt./Unit #	City	
Province	Postal Code	Phone #	Email		
2. Applicant's Name: Last		First	Date of Birth (YYYY/MM/DD)		
Home Address			Apt./Unit #	City	
Province	Postal Code	Phone #	Email		
3. Applicant's Name: Last		First	Date of Birth (YYYY/MM/DD)		
Home Address			Apt./Unit #	City	
Province	Postal Code	Phone #	Email		

**The following questions must be answered by all applicants.  
In the case of a partnership, by the partners. In the case of a corporation, by any officer or director.**

1. Is the applicant currently licensed as an owner in Mississauga or any other Ontario Municipality? If yes, do not answer #2.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Has the applicant previously been licensed as an owner in Mississauga? If yes, give full particulars:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Has the applicant ever had any licence or registration of any kind refused, suspended, revoked or cancelled? If yes, give full particulars:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Is the applicant: a) a discharged or undischarged bankrupt? b) presently a party to bankruptcy proceedings? c) ever been involved as an officer, director or majority shareholder with a corporation that went bankrupt or that is presently a party to bankruptcy proceedings? If yes to any of the above, give full particulars:	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No
5. Are there any unpaid judgements outstanding against the applicant? If yes, give full particulars:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Has the applicant or director(s) ever been convicted of any offence under: (a) Federal Law (eg. Criminal Code of Canada) for which a pardon has been granted? (b) Provincial Law (eg. Highway Traffic Act) (c) Municipal By-Law (eg. Public Vehicle Licensing, Parking, Zoning)? (d) Any law of any country If yes, give full particulars:	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No
7. Is there any person or corporation whose name is not disclosed in this application, who has any financial interest in the applicant, or who otherwise exercises control or direction over the applicant? If yes, give full particulars, including name and address.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Name</b> _____		
<b>Address</b> _____		

**Declaration**

THE APPLICANT DECLARES THAT:

I, \_\_\_\_\_ of the city/town of \_\_\_\_\_

in the country/region of \_\_\_\_\_

do solemnly declare:

1. I am the  applicant,  authorized agent, or: \_\_\_\_\_
2. All the information and any statement contained in this application is true.
3. I consent to the City of Mississauga to making inquiries to Peel Regional Police regarding any criminal record for which a pardon has not been granted.

\_\_\_\_\_  
Signature of Applicant/Corporate Officer

\_\_\_\_\_  
Company Title/Position

SWORN BEFORE ME AT: The City of Mississauga / \_\_\_\_\_

in the Region / \_\_\_\_\_ of Peel / \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
A Commissioner, etc.