



NEW APPLICATION     UPDATE INFORMATION

## Brokerage License Application

TAXI  
 LIMOUSINE

**NOTE:** ALL fields on this Application form must be completed before the application can be processed. **Please print neatly.**

BROKERAGE INFORMATION					
<b>BROKERAGE NAME</b> (COPY OF CORPORATE SEARCH REQUIRED)					
<b>BROKERAGE ADDRESS</b>		<b>CITY</b>		<b>POSTAL CODE</b>	
<b>MAILING ADDRESS</b>		<b>CITY</b>		<b>POSTAL CODE</b>	
<b>PHONE</b>		<b>FAX</b>			
<b>WEBSITE</b>		<b>EMAIL</b>			
<b>VEHICLE COLOUR SCHEME</b>					
<b>INSURANCE POLICY#</b> (COPY REQUIRED)					
APPLICANT INFORMATION					
<b>NAME</b>				<b>TITLE</b>	
<b>PHONE NUMBER(S)</b>				<b>EMAIL</b>	
<b>APPLICANT TYPE</b>	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> CORPORATE				
<b>NUMBER OF YEARS RESIDENT IN ALBERTA</b>					
<b>HAS ANY INDIVIDUAL ASSOCIATED WITH THE CORPORATION EVER BEEN CONVICTED OF A CRIMINAL OFFENSE?</b>				<input type="checkbox"/> NO <input type="checkbox"/> YES(PROVIDE DETAILS BELOW)	
VEHICLE INFORMATION					
<b>1</b>	Year	Make	Model	VIN	License Plate
<b>2</b>	Year	Make	Model	VIN	License Plate
<b>3</b>	Year	Make	Model	VIN	License Plate
<b>4</b>	Year	Make	Model	VIN	License Plate
<b>5</b>	Year	Make	Model	VIN	License Plate
DRIVER INFORMATION					
<b>1</b>	Name		Address		City
Date of Birth				Provincial DL#	
<b>2</b>	Name		Address		City
Date of Birth				Provincial DL#	
<b>3</b>	Name		Address		City
Date of Birth				Provincial DL#	
<b>4</b>	Name		Address		City
Date of Birth				Provincial DL#	
<b>5</b>	Name		Address		City
Date of Birth				Provincial DL#	

### DECLARATION

*I hereby certify that all information given in this application is true to the best of my knowledge.  
I understand that giving false or misleading information may result in the rejection of your application.*

<b>SIGNATURE of BROKERAGE OWNER</b> (Application will not be processed, if left blank.)	<b>DATE</b>
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The information on this form is collected under the authority of the Taxi Bylaw B-55/2009 and Section 33 of the Freedom of Information and Protection of Privacy Act and is used solely for purposes related to carrying on a business within the City of Airdrie. Questions about the collection of this information can be directed to Chief License Inspector, 400 Main ST SE, 403-948-8837. Please be aware that under the FOIP Act, the information on this form may be shared with third parties.

**FOR OFFICE USE ONLY**

RECEIPT #		AMOUNT PAID		CODE		LICENSE #	
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**THE FOLLOWING IS THE RESPONSIBILITY OF THE BUSINESS OWNER TO ENSURE THE FOLLOWING IS OBTAINED.**

ITEM	DATE ISSUED/COMPLETE	BY
<b>BROKERAGE LICENSE</b>		
<b>CORPORATE SEARCH</b>		
<b>PROOF OF INSURANCE(for Brokerage)</b>		

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