



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					
BROKERAGE NAME (COPY OF CORPORATE SEARCH REQUIRED)					
BROKERAGE ADDRESS		CITY		POSTAL CODE	
MAILING ADDRESS		CITY		POSTAL CODE	
PHONE		FAX			
WEBSITE		EMAIL			
BROKERAGE COLOUR SCHEME					
INSURANCE POLICY# (COPY REQUIRED)					

APPLICANT INFORMATION			
NAME		TITLE	
PHONE NUMBER(S)		EMAIL	
APPLICANT TYPE	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> CORPORATE		
NUMBER OF YEARS RESIDENT IN ALBERTA			
HAS ANY INDIVIDUAL ASSOCIATED WITH THE CORPORATION EVER BEEN CONVICTED OF A CRIMINAL OFFENSE?		<input type="checkbox"/> NO <input type="checkbox"/> YES (PROVIDE DETAILS BELOW)	

VEHICLE INFORMATION					
1	Year	Make	Model	VIN	License Plate
2	Year	Make	Model	VIN	License Plate
3	Year	Make	Model	VIN	License Plate
4	Year	Make	Model	VIN	License Plate
5	Year	Make	Model	VIN	License Plate

DRIVER INFORMATION			
1	Name	Address	City
Date of Birth		Provincial DL#	
2	Name	Address	City
Date of Birth		Provincial DL#	
3	Name	Address	City
Date of Birth		Provincial DL#	
4	Name	Address	City
Date of Birth		Provincial DL#	
5	Name	Address	City
Date of Birth		Provincial DL#	

DECLARATION	
<p><i>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.</i></p>	
SIGNATURE of BROKERAGE OWNER (Application will not be processed, if left blank.)	DATE

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, 2 Highland Park Way NE, 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 #	
-----------	--	-------------	--	------	--	-----------	--

THE FOLLOWING IS THE RESPONSIBILITY OF THE BUSINESS OWNER TO ENSURE THE FOLLOWING IS OBTAINED.

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

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, 2 Highland Park Way NE, 403-948-8837. Please be aware that under the FOIP Act, the information on this form may be shared with third parties.