



**THE CORPORATION OF THE MUNICIPALITY OF RED LAKE**

**TAXI LICENCE FEES**

Taxi Operator Licence	155.00
Taxicab Vehicle Licence	53.00
Taxicab Drivers Licence	27.00
Taxicab Drivers Licence Renewal	27.00
Transfer of Vehicle Licence	20.00
Replacement Plate	20.00
Replacement Taxicab Drivers Licence	10.00



THE CORPORATION OF THE MUNICIPALITY OF RED LAKE  
APPLICATION FOR TAXICAB DRIVERS LICENCE

Municipal Office  
PO Box 1000, 2 Fifth St  
Balmertown, ON P0V 1C0

Phone: (807) 735-2096      Email: [municipality@redlake.ca](mailto:municipality@redlake.ca)      Fax (866) 681-2954

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print in Full)

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Drivers Licence No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Mailing and Street Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Name and Address of Proposed Employer: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Present Employer: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

The above information may be verified by the Municipality  
Please note - any incorrect or false information shall make this application invalid

\_\_\_\_\_  
Signature of Applicant

Municipal Use Only

- ☐ In compliance with By-Law  
☐ Not in compliance with By-Law

Approved by: \_\_\_\_\_ Date approved: \_\_\_\_\_

Fee received: \_\_\_\_\_ Receipt no.: \_\_\_\_\_

Licence no.: \_\_\_\_\_ Municipal cashier: \_\_\_\_\_



THE CORPORATION OF THE MUNICIPALITY OF RED LAKE  
APPLICATION FOR TAXICAB VEHICLE LICENCE

Municipal Office  
PO Box 1000, 2 Fifth St  
Balmertown, ON P0V 1C0

Phone: (807) 735-2096      Email: [municipality@redlake.ca](mailto:municipality@redlake.ca)      Fax (866) 681-2954

Date: \_\_\_\_\_ 20\_\_\_\_

Name of Applicant: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Mailing and Street Address: \_\_\_\_\_

Make of Vehicle: \_\_\_\_\_ Year: \_\_\_\_\_

Model: \_\_\_\_\_ Serial No.: \_\_\_\_\_

Licence Plate No.: \_\_\_\_\_ Province: \_\_\_\_\_ Ontario

Insurance Policy No.: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Insurance Policy Term Start: \_\_\_\_\_ End: \_\_\_\_\_

Public Liability: \$\_\_\_\_\_ Property Damages: \$\_\_\_\_\_

Public Vehicles Act Registration No: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

Municipal Use Only

Approved by: _____	Date approved: _____
Fee received: _____	Receipt no.: _____
Licence no.: _____	Municipal cashier: _____



THE CORPORATION OF THE MUNICIPALITY OF RED LAKE  
APPLICATION FOR TAXICAB OPERATORS LICENCE

Municipal Office  
PO Box 1000, 2 Fifth St  
Balmertown, ON P0V 1C0

Phone: (807) 735-2096

Email: [municipality@redlake.ca](mailto:municipality@redlake.ca)

Fax (866) 681-2954

Name: \_\_\_\_\_  
(Print in Full)

Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Drivers Licence No: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Mailing and Street Address: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_

Description of Business Activities: \_\_\_\_\_

Name, Address of Principals (President, Managers, etc): \_\_\_\_\_

Name, Address and Phone Numbers of three references:

Municipal Use Only

Approved by: \_\_\_\_\_

Date approved: \_\_\_\_\_

Fee received: \_\_\_\_\_

Receipt no.: \_\_\_\_\_

Licence no.: \_\_\_\_\_

Municipal cashier: \_\_\_\_\_



THE CORPORATION OF THE MUNICIPALITY OF RED LAKE  
TRANSFER TAXICAB VEHICLE LICENCE

Municipal Office  
PO Box 1000, 2 Fifth St  
Balmertown, ON P0V 1C0

Phone: (807) 735-2096

Email: [municipality@redlake.ca](mailto:municipality@redlake.ca)

Fax (866) 681-2954

Date: \_\_\_\_\_ 20\_\_\_\_

Owner: \_\_\_\_\_ Business: \_\_\_\_\_

Address: \_\_\_\_\_

Vehicle Originally Licenced

Make of Vehicle: \_\_\_\_\_ Year: \_\_\_\_\_

Model: \_\_\_\_\_ Serial No.: \_\_\_\_\_

Licence Plate No.: \_\_\_\_\_ Province: \_\_\_\_\_ Ontario

Insurance Policy No.: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Insurance Policy Term Start: \_\_\_\_\_ End: \_\_\_\_\_

Public Liability: \$\_\_\_\_\_ Property Damages: \$\_\_\_\_\_

Vehicle to be Licenced

Make of Vehicle: \_\_\_\_\_ Year: \_\_\_\_\_

Model: \_\_\_\_\_ Serial No.: \_\_\_\_\_

Licence Plate No.: \_\_\_\_\_ Province: \_\_\_\_\_ Ontario

Insurance Policy No.: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Insurance Policy Term Start: \_\_\_\_\_ End: \_\_\_\_\_

Public Liability: \$\_\_\_\_\_ Property Damages: \$\_\_\_\_\_

Signature of Applicant

Municipal Use Only

Approved by: \_\_\_\_\_

Date approved: \_\_\_\_\_

Fee received: \_\_\_\_\_

Receipt no.: \_\_\_\_\_

Licence no.: \_\_\_\_\_

Municipal cashier: \_\_\_\_\_

Municipal Office  
PO Box 1000, 2 Fifth St  
Balmertown, ON P0V 1C0

Fax (866) 681-2954

Phone Number

Municipal cashier: \_\_\_\_\_

Municipal Office  
PO Box 1000, 2 Fifth St  
Balmertown, ON P0V 1C0

Municipal cashier: \_\_\_\_\_