

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

Phone: (807) 735-2096	Email: municipality@	redlake.ca	Fax (866) 681-2954
Name:(Print in Full		Date:	
(Print in Full)		
Date of Birth:		Phone Nu	mber:
Drivers Licence No:		Expiry Date	te:
Mailing and Street Address:			
Name and Address of Propose	d Employer:		
Present Employer:			
Work Phone Number:			
Previous Employer:			
	pove information may be ver incorrect or false information	•	
	Signature of Applic	cant	
Municipal Use Only			
☐ In complia	ance with By-Law		
□ Not in con	npliance with By-Law		
Approved by:		Date appr	oved:
Fee received:		Receipt no	D.:
Licence no.:		Municipal	cashier:



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

Phone: (807) 735-2096	Email: 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 Dama	ges: \$
Public Vehicles Act Registration No:		
	Signature of Applicant	
Municipal Use Only		
Approved by:	Date	e approved:
Fee received:	Rec	eipt no.:
Licence no.:	Mun	icipal cashier:

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 Fax (866) 681-2954
Name:(Print in Full)		Date:
(Print in Full)		
Date of Birth:	P	Phone Number:
Drivers Licence No:	E	Expiry Date:
Mailing and Street Address:		
Name of Business:		
Name of Business:		
Address of Business:		
Description of Business Activities: _		
Name, Address of Principals (Presid	dent, Managers, etc):	
Name, Address and Phone Number	rs of three references:	
Municipal Use Only		
Approved by:		Date approved:
Fee received:	R	Receipt no.:

Licence no.:



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

Phone: (807) 735-2096	Email: municipality@redlake.ca	Fax (866) 681-2954
Date:	20	
Owner:	Business:	
Address:		
Vehicle Originally Licenced	Voor	
	Year:	
	Serial No.:	
Licence Plate No.:		Ontario
Insurance Policy Term Start:	End:	
•	Property Damages: \$	
Vehicle to be Licenced		
Make of Vehicle:	Year:	
Model:	Serial No.:	
Licence Plate No.:	Province:	Ontario
Insurance Policy No.:		
	End:	
Public Liability: \$	Property Damages	: \$
	Signature of Applicant	
Municipal Use Only		
Approved by:	Date ap	proved:
Fee received:	Receipt	no.:
Licence no.:	Municip	al cashier:



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

Phone: (807) 735-2096	Email: municipality@redlake.ca	Fax (866) 681-2954
Date:	20	
I,	of	
Print Name at		nt Company Name
Municipality of Red Lake, and th	newal of a Taxi Operators Licence issued lat no information has changed since the in	itial application.
Signature of Applic	ant	Phone Number
Municipal Use Only		
Approved by:	Date app	roved:
Fee received:	Receipt r	10.:
Licence no.:	Municipa	l cashier:



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

Phone: (807) 735-2096	Email: municipality@redlak	(e.ca Fax (866) 681-2954
Date:	20	
I,Print Name	certify that	at I am applying for renewal of a Taxicab
Drivers Licence and that no info	rmation has changed and I have	not been convicted under the Criminal
Code of Canada, the Controlled	Drugs and Substances Act, the	Liquor Licence Act of Ontario, or the
Highway Traffic Act of Ontario si	ince by original application.	
Signature of Applic	cant	Phone Number
Mailing Address:		
Municipal Use Only		
Approved by:		Date approved:
Fee received:		Receipt no.:
Licence no.:		Municipal cashier: