



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

**TAXI LICENCE FEES**

1.	Taxicab Operator Licence	\$155.00
2.	Taxicab Vehicle Licence	\$53.00
3.	Taxicab Drivers Licence	\$27.00
4.	Taxicab Drivers Licence Renewal	\$27.00
5.	Transfer of Vehicle Licence	\$20.00
6.	Replacement Plate	\$20.00
7.	Replacement Taxicab Drivers Licence	\$10.00



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Municipal Office - P.O. Box 1000 – 2 Fifth Street  
Balmertown, Ontario  
P0V 1C0

Website: www.red-lake.com  
E-Mail: municipality@redlake.ca

Telephone: 807-735-2096  
Fax No.: 807-735-2286

**APPLICATION FOR TAXICAB DRIVERS LICENCE**

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

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

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

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

Ontario 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: \_\_\_\_\_

.....  
**Criminal Reference Check**  
(Municipal Use Only)

In compliance with By-Law:

Not in compliance with By-Law:

.....  
Approved By: \_\_\_\_\_

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

Fee Received: **\$27.00** \_\_\_\_\_

Receipt No.: \_\_\_\_\_

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

Municipal Cashier: \_\_\_\_\_



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**APPLICATION FOR TAXICAB VEHICLE LICENCE**

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

I hereby make an application to license a Taxi Cab within the limits of The Municipality of Red Lake:

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

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

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

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

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

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

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

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

Insurance Policy Date: From \_\_\_\_\_ to \_\_\_\_\_

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

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

Applicants Signature: \_\_\_\_\_



**Municipal Use Only**

Approved By: \_\_\_\_\_ Date Approved: \_\_\_\_\_

Fee Received: **\$53.00** \_\_\_\_\_ Receipt No: \_\_\_\_\_

Vehicle Licence No: \_\_\_\_\_ Municipal Cashier: \_\_\_\_\_



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**APPLICATION FOR TAXICAB OPERATORS LICENCE**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Last) (First)

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

P.O. Box: \_\_\_\_\_ Town: \_\_\_\_\_ Phone number: \_\_\_\_\_

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

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

Explain what your business activities will be: \_\_\_\_\_

\_\_\_\_\_

Name, Addresses of Principals (President, Managers, Etc.): \_\_\_\_\_

\_\_\_\_\_

Number of Persons to be employed: \_\_\_\_\_

Name, Addresses and Phone Numbers of three (3) References:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

.....

**Municipal Use Only**

Approved By: \_\_\_\_\_

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

Fee Received: **\$155.00** \_\_\_\_\_

Receipt No: \_\_\_\_\_

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

Municipal Cashier: \_\_\_\_\_



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**TRANSFER TAXICAB VEHICLE LICENCE**

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

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

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

.....

**Vehicle Originally Licenced:**

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

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

Vehicle Licence Plate No: \_\_\_\_\_ Province: **Ontario**

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

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

Insurance Policy Date: From \_\_\_\_\_ to \_\_\_\_\_

Insurance Agent: \_\_\_\_\_

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

.....

**Vehicle to Be Licenced:**

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

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

Vehicle Licence Plate No: \_\_\_\_\_ Province: **Ontario**

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

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

Insurance Policy Date: From \_\_\_\_\_ to \_\_\_\_\_

Insurance Agent: \_\_\_\_\_

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

Signature: \_\_\_\_\_

.....

**Municipal Use Only**

Approved By: \_\_\_\_\_ Date Approved: \_\_\_\_\_

Fee Received: **\$20.00** \_\_\_\_\_ Receipt No.: \_\_\_\_\_

Licence No.: \_\_\_\_\_ Municipal Cashier: \_\_\_\_\_



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**RENEWAL APPLICATION FOR TAXICAB OPERATORS LICENCE**

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

I, \_\_\_\_\_ of \_\_\_\_\_  
(Print Name) (Print Company Name)

at \_\_\_\_\_

certify that I am applying for a renewal of a Taxi Operators Licence issued by the Corporation of the Municipality of Red Lake, and that no information has changed since the initial application.

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



**Municipal Use Only**

Approved By: \_\_\_\_\_ Date Approved: \_\_\_\_\_

Fee Received: **\$155.00** \_\_\_\_\_ Receipt No.: \_\_\_\_\_

Licence No.: \_\_\_\_\_ Municipal Cashier: \_\_\_\_\_



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**RENEWAL APPLICATION FOR TAXICAB DRIVERS LICENCE**

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

I, \_\_\_\_\_ certify that I am applying for renewal of a Taxicab  
(Please Print)

Driver's Licence, and that no information 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 since my original application.

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

Telephone Number: \_\_\_\_\_

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

.....

**Municipal Use Only**

Approved By: \_\_\_\_\_

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

Fee Received: **\$27.00** \_\_\_\_\_

Receipt No.: \_\_\_\_\_

Licence No.: \_\_\_\_\_

Municipal Cashier: \_\_\_\_\_