



VEHICLES FOR HIRE (VFH) APPLICATION FORM - OWNER

☐ New application ☐ Renewal

SECTION 1 – REPRESENTATIVE INFORMATION

Last Name:	First/Middle Name(s):
Date of birth (YYYY/MM/DD):	
Street Address:	City/Town:
Province:	Postal Code:
Driver's Licence number:	Province of issue:
Email address:	
Telephone number:	Mobile number:

SECTION 2 – BUSINESS INFORMATION

Operating Name:		Legal Entity Name:	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation			
If your business is a partnership, both partners must complete a separate application form. For a corporation, an officer or director of the corporation with signing authority, must complete the application form. The following must be fully completed in order to process the application.			
Business Address:			
Municipality:	Province:	Postal Code:	
Telephone Number:			
MAILING ADDRESS - <input type="checkbox"/> Check if mailing address is same as address identified in contact information.			
Street Address:		City/Town:	
Province:		Postal Code:	

Complete one section only:

Note: This application will not be accepted until **all** documentation is submitted. This application and supporting documentation will be evaluated before a decision is made.

New Vehicle for Hire Owner	Renewal Vehicle for Hire Owner
<input type="checkbox"/> Application complete	<input type="checkbox"/> Application complete
<input type="checkbox"/> Valid motor vehicle permit showing that vehicle is either owned/leased by you	<input type="checkbox"/> Valid motor vehicle permit showing that vehicle is either owned/leased by you
<input type="checkbox"/> Proof of insurance that covers Conveyance services, in the amount of \$2,000,000.	<input type="checkbox"/> Proof of insurance that covers Conveyance services, in the amount of \$2,000,000.
<input type="checkbox"/> Owner's insurance certificate complete	<input type="checkbox"/> Owner's insurance certificate complete
<input type="checkbox"/> A Safety Standards Certificate issued within the previous 14 days with respect to the vehicle(s) to be plated	<input type="checkbox"/> A Safety Standards Certificate issued within the previous 14 days with respect to the vehicle(s) to be plated
<input type="checkbox"/> Pay fees	<input type="checkbox"/> Pay fees

If owner is a corporation or partnership please refer to *sec 5.1(2) of by-law 2023/68* for further requirements. Any False Statement made by the applicant for a licence shall be sufficient cause to revoke said licence.

VEHICLE DESCRIPTION

Vehicle Licence	Year	Make	VIN

SECTION 3 – DECLARATIONS

In the matter of the Municipality of West Nipissing *Vehicles for Hire and Private Transportation Company Vehicles By-Law No. 2023/68* and amendments thereto for regulating issuance, renewal and approval of licences in the Municipality of West Nipissing,

I, _____ declare that:

(print name)

1. I am the applicant in this application and all statements made and information provided in this application are true;
2. I hereby acknowledge that I have read and understand the regulations as set out in the *Vehicles for Hire and Private Transportation Company Vehicles By-Law No. 2023/68*;
3. I agree to comply with all municipal by-laws and regulations and all other application requirements;
4. I understand that making a false statement in this application could result in a refusal to issue a licence, or in suspension or revocation of a licence at a later date;
5. I certify that the above is true to the best of my knowledge, information and belief.

SWORN BEFORE ME,

at the Municipality of West Nipissing

in the Province of Ontario

this ____ day of _____, 20____.

A Commissioner, etc.

Personal information on this form is collected and disclosed according to *Section 29 (1) and 32 of the Municipal Freedom of Information and Protection of Privacy Act*. The Municipality of West Nipissing has collected your personal information under the *Municipal Freedom of Information and Protection of Privacy Act* to assess eligibility for a broker licence. We warrant that your information remains confidential, secure and accurate. You have a right to your own information, and the opportunity to correct anything that is not accurate. Questions regarding this collection can be made to the Deputy Clerk, 225 Holditch Street, Suite 101, Sturgeon Falls, ON P2B 1T1, (705) 753-2250.

OFFICE USE ONLY			
Vehicle Permit <input type="checkbox"/>	Proof of Insurance <input type="checkbox"/>	Insurance Certificate <input type="checkbox"/>	Safety Certificate <input type="checkbox"/>
Date application received	Decision <input type="checkbox"/> Granted <input type="checkbox"/> Refused	License	
Date of Issue	Expiry Date	Name and Signature of Issuer	