

**2016/17 Taxi Cab Drivers License
Town of Antigonish
Application Form**

Name: _____

Current Address: _____

Antigonish, NS

Postal Code _____

Home Phone # _____, Cell # _____

Name of Company which I will be driving for? _____

Have you been convicted of any offense under the Criminal Code of Canada in the past two (2) years? Yes (____), No (____)

Have you been convicted of any offense under the Liquor Control Act of Nova Scotia or any other Province of Canada in the past two (2) years? Yes (____), No (____)

Have you been convicted of any offense under the Town of Antigonish Taxi Cab Bylaw in the past two (2) years? Yes (____), No (____)

**Are you aware smoking is prohibited in a taxi while transporting passengers?
Yes (____), No (____).**

By signing this application I acknowledge that I am knowledgeable of the Town of Antigonish Taxi Cab Bylaw, and if this application is approved by the Town of Antigonish, I agree to abide by ALL laws as outlined in the latest edition of this above noted bylaw and any provincial laws that relate to the taxi industry.

Signature of Applicant x _____

Date of Application: _____

THE FOLLOWING MUST BE SUBMITTED WITH APPLICATION BEFORE PROCESSING WILL TAKE PLACE:

1. UP TO DATE COPY OF DRIVERS ABSTRACT (NO OLDER THAN SIX(6)MONTHS)
2. PHOTO COPY OF VALID DRIVERS LICENSE