

**REGIONAL MUNICIPALITY OF NIAGARA POLICE SERVICES BOARD**



**FORM 6  
APPLICATION FOR VEHICLE OWNER'S LICENCE**

INITIAL APPLICATION \_\_\_\_\_ RENEWAL \_\_\_\_\_ TRANSFER \_\_\_\_\_

Proposed Business Operation Name \_\_\_\_\_

Proposed Business Location \_\_\_\_\_ City \_\_\_\_\_

Postal Code \_\_\_\_\_ Business Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

Please indicate what type of Licence Required: TAXICAB \_\_\_ TOWING \_\_\_ SIGHTSEEING \_\_\_ SPECIALTY \_\_\_  
 CALECHE \_\_\_ SHUTTLE \_\_\_ PARATRANSIT-TAXI \_\_\_ PARATRANSIT-SPECIALTY \_\_\_

**1. SOLE OWNER**

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Prior Address (If less than one year) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

(If born outside Canada please provide proof of Citizenship, landed immigrant status or valid work permit)

**2. PARTNERSHIP**

Partnership Name \_\_\_\_\_ Address \_\_\_\_\_

Address of Principle Place of Business \_\_\_\_\_ City \_\_\_\_\_ Telephone \_\_\_\_\_

**PARTNERS**

Name	Address	% Interest	Date of Birth	Place of Birth

**3. CORPORATION**

Corporate Name \_\_\_\_\_ Head Office \_\_\_\_\_

Address of Principal Place of Business \_\_\_\_\_ City \_\_\_\_\_ Telephone \_\_\_\_\_

**SHAREHOLDERS:**

Name	Address	Date of Birth	Place of Birth	% of Total Share	Date Became Shareholder

**DIRECTORS:**

Name	Address	City	Date Became Director

**OFFICERS:**

Name	Address	City	Title	Date Became Officer

4. Has the applicant, or any partner, shareholder or director thereof, or any controlled or related partnership, proprietorship or corporation, ever applied for and been refused a licence by The Regional Municipality of Niagara Police Services Board, or after receiving such licence, had same suspended or revoked? If so, list details.
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5. Has any person mentioned in section 5 ever been convicted of contravening any provision of The Regional Municipality of Niagara Police Services Board Licencing By-law? If so, list details.
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6. Has the applicant, in the case of a proprietorship, or a partner in the case of a partnership, or a director, shareholder or an officer in the case of a corporation, ever been convicted of an offence (for which you have not been granted a pardon) under the Criminal Code, Narcotic Control Act, Food and Drugs Act, or Controlled Drugs and Substance Act? If so, list details.
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7. Does the applicant or any partner, shareholder or director thereof, have any interest in any other business, trade, calling or occupation which is required to be licenced pursuant to The Regional Municipality of Niagara Police Services Board Licencing By-law? If so, list details.
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8. I understand that making a false statement in this application could result in a refusal to issue a licence or in a suspension or revocation of a licence at a later date.
9. I hereby authorize the Niagara Regional Police Service to release to The Regional Municipality of Niagara Police Services Board any and all particulars of my criminal record.
10. In consideration of the release of the information by the Niagara Regional Police Service, I hereby release and forever discharge the Niagara Regional Police Service and all of its members for damages or for loss or injury arising out of the release of information relating to my criminal record which may hereafter be sustained by me.
11. I am the applicant/ a partner of the applicant/ a director of the applicant corporation/ and as such, I have knowledge of the information listed above and I am authorized to complete this application. (Delete the inapplicable portion of this section.)
12. I certify that the above information is true to the best of my knowledge, information and belief.]

DATE \_\_\_\_\_  
Revised 10/02/10

SIGNATURE \_\_\_\_\_

