



LIMOUSINE OWNER / OPERATOR LICENSE APPLICATION FORM

Owner

Operator

LICENSING REQUIREMENTS:

LIMOUSINE OWNER:

- Completed application form & Applicable fee
- Safety standards certificate
- Vehicle Ownership
- Police Clearance letter (if owner operates vehicle)
- Driver's Abstract (if owner operates vehicle, and for new applicants only)
- Completed medical clearance form (if owner operates vehicle, and for new applicants only)
- Proof of being at least 18 years of age (if owner operates vehicle)
- Proof of being eligible to gain employment in Canada (if owner operates vehicle)
- Business registration papers (if applicable)
- Proof of insurance
- Propane certificate (if applicable)
- Valid Ontario Class "G" driver's license (if owner operates vehicle)

LIMOUSINE OPERATOR:

- Completed application form & Applicable fee
- Valid Ontario Class "G" driver's license
- Proof of being at least 18 years of age
- Proof of being eligible to gain employment in Canada
- Letter of Potential Employment from a Licensed Vaughan Limousine Owner
- Police Clearance letter
- Driver's Abstract
- Completed medical clearance form (new applicants only)

Company Name: _____

Full Legal Name: (SURNAME) _____ (GIVEN) _____

Address: _____

(CITY) _____ (PROVINCE) _____ (POSTAL CODE) _____

Phone Number: (HOME) _____ (CELLULAR) _____

Email Address: _____

Driver's License No. _____ (PROVINCE) _____

Date of Birth: _____ Place of Birth: _____
Month / Day / Year City/Town Prov/State Country

Documents submitted if Place of Birth is outside Canada:

- LANDED STATUS DOCUMENTS CITIZENSHIP DOCUMENTS WORK PERMIT

Please complete back of application

Name of the LIMOUSINE COMPANY that you will be operating from: _____

LIMOUSINE COMPANY Phone No.: _____

(TO BE COMPLETED BY THE OWNER ONLY):

VEHICLE INFORMATION:

Make: _____ Model: _____ Year: _____

V.I.N.: _____ Provincial Plate No.: _____

***** READ CAREFULLY BEFORE SIGNING THIS APPLICATION *****

This application may contain personal information as defined under the *Municipal Freedom of Information and Protection of Privacy Act*. The information collected is required pursuant to the terms of the *Municipal Act* and will be used by the City of Vaughan to process the application, and to determine whether to issue a license. Information will also be used for administration of such license, and for law enforcement purposes to ensure compliance with all applicable statutes, regulations and by-laws.

Questions relating to the collection of this information should be directed to the Licensing Officer, 2141 Major Mackenzie Drive, Vaughan, Ontario, L6A 1T1, (905) 832-8504.

By signing this application the Applicant agrees that all information provided is true. The Applicant further agrees that any false information may result in a revocation of any license that may be issued.

Signature of New Applicant: _____ **Date:** _____

By signing the renewal portion this application below the Applicant agrees that all information provided is true. The Applicant further agrees that any false information may result in a revocation of any license that may be issued

Renewal Signature of Applicant: _____ **Date:** _____

Renewal Signature of Applicant: _____ **Date:** _____

Renewal Signature of Applicant: _____ **Date:** _____

Renewal Signature of Applicant: _____ **Date:** _____

OFFICE USE ONLY

License Number: _____ Accepted By: _____ Date of Issue: _____

Comments: _____

Renewal Number: _____ Accepted By: _____ Date of Issue: _____

Renewal Number: _____ Accepted By: _____ Date of Issue: _____

Renewal Number: _____ Accepted By: _____ Date of Issue: _____

Renewal Number: _____ Accepted By: _____ Date of Issue: _____

Comments: _____



CITY OF VAUGHAN

LIMOUSINE OWNER / OPERATOR MEDICAL CLEARANCE FORM

TO BE COMPLETED BY PATIENT:

Patient Name: (Surname) _____ (Given) _____

Address: _____ (City) _____

(Province) _____ (Postal Code) _____

Health Card Number: _____

Date of Birth: _____ Place of Birth: _____ Gender: _____

I, _____, certify that the information on this form is true and correct to the best of my knowledge and agree to this and any future report generated from this examination being forwarded to the City of Vaughan Clerk's Department, Licensing Section.

Applicant's Signature: _____ Date: _____

TO BE COMPLETED BY EXAMINING PHYSICIAN:

	YES	NO
1. Disease of Senses (deafness, vertigo, visual impairments, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
2. Cardiovascular (heart failure, angina, infarction, embolism, arrhythmia, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
3. Respiratory Disease (asthma, chronic bronchitis, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
4. Diseases of the musculo-skeletal system (fractures, amputations, arthritis, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
5. Metabolic Disease (diabetes, hypoglycemia, thyroid, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
6. Psychiatric disorders (psychoneurosis, psychosis, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
7. Addictions (alcohol, sedatives, tranquilizers, narcotics, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
8. Neurological disease (seizures, cerebrovascular, parkinson's, MS, dementia, etc.)	<input type="checkbox"/>	<input type="checkbox"/>

If YES: Date of First Seizure: _____
 Date of Last Seizure: _____

9. Other Diseases or Illnesses: _____

I, the undersigned, hereby certify that I have examined the above named person and performed all necessary tests to achieve the above noted results.

Physician Signature: _____

Date of Examination: _____

Physician Stamp