

SCHEDULE "B"

**BY-LAW NO. 1889-17
CITY OF WETASKIWIN**

TAXI DRIVER'S LICENSE APPLICATION

Date of Application ____/____/____
Day Month Year

APPLICANT:
SURNAME: _____ FIRST _____ MIDDLE _____

Address: _____ Home phone _____
Work Phone _____

Date of Birth: ____/____/____/ Male / Female _____
Day Month Year

Height: _____ Weight _____ Eye Colour _____ Hair Colour _____

Drivers Licence Number _____ Province _____ Class _____
Expiry date: ____/____/____ Drivers abstract submitted: Yes / No
Day Month Year

Criminal code convictions under the Criminal Code and any other laws related to the Highway Traffic Act, Motor Vehicle Administration Act, Gaming and Liquor Control Act and after May 20, 2003 the Traffic Safety Act and Regulations must be listed below. Having a criminal record does not necessarily disqualify the Applicant.

Giving false or misleading information will result in disqualification of licence. The applicant acknowledges that they have received notice that a search of police records will be made by the City of Wetaskiwin to determine the existence of any previous convictions of the applicant for any offences in Canada.

SIGNATURE OF APPLICANT

**TAXI DRIVERS LICENSE APPLICATION
(FOR OFFICE USE ONLY)**

APPROVED _____ DENIED _____ Date: _____

SIGNATURE OF BYLAW ENFORCEMENT OFFICER

Fee: _____