

Lease Registration Application

Kingston Area Taxi Commission (KATC)
 12-1201 Division Street
 Kingston, Ontario, K7K 6X4
 Phone: 613-547-3763 Fax: 613-547-2857
 Hours: 9:00 am to 5:00 pm, Weekdays
 Email: info@katc.ca / www.katc.ca



The personal information on this form is collected under the authority of By-Law No.2. The information will be used to license, regulate and govern taxi owners, drivers and businesses licenced under the provisions set forth in By-Law No.2. Questions regarding the collection of this information should be directed to the Licencing Manager, 613-547-3763 ext. 101.

Applicant & Licence Information (To be completed by Placeholder)

Type of Lease Registration applied for:				
Applicant's Name: Last		First		Middle Initial(s)
Company Name:			Badge #	
Address			Apt./Unit #	
City	Province	Postal Code	Phone #	
Cell #	Email Address			

Vehicle & Plate Information (To be completed by Vehicle Owner or Placeholder)

Company Driving for:				Taxi Plate #
Year	Make	Model	Colour	Body Type (ie. 4 Door)
Vehicle VIN #:		Odometer (kilometers):		Ontario Plate #

Lease Agreement (To be completed by Lessee)

Lessee Name: Last		First		Middle Initial(s)
Company Name:			Badge #	
Address			Apt./Unit #	
City	Province	Postal Code	Phone #	
Cell #	Email Address			
Term of Lease: 1 Year 2 Year 3 Year		Lease Commencement:		Lease Termination:

We the undersigned are the applicants herein and are aware that a search will be made to process our application for a Lease Registration and we consent to the Kingston Area Taxi Commission making inquiries regarding.

Signature of Applicant	Date (MM/DD/YY)	Signature of Lessee	Date (MM/DD/YY)
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