

# Plateholder Licence 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.

## Application Information

Type of Taxi Licence applied for:

Type of Applicant: Individual Partnership Corporation

## Individual

Applicant's Name: Last First Middle Initial(s)

Address Apt./Unit #

City Province Postal Code Phone #

Cell # Email Address Date of Birth (MM/DD/YY)

Colour of Eyes Colour of Hair Height Weight

Are you legally permitted to work in Canada? Yes No Gender

Ontario Driver's Licence Number Driver's Licence Class

## Partnership or Corporation

Name of Partnership or Corporation (Attach Articles of Incorporation and/or Business Name Registration as applicable)

Name under which business will be operated if different from above

Business Address Unit #

City Province Postal Code Website (if any)

Phone # Fax # Email

Full Mailing Address (if different from above)

**To be completed by all Partners in a Partnership or all Corporate Officers and Directors**

1. Applicant's Name: Last		First		Date of Birth (MM/DD/YY)
Home Addresss			Apt./Unit #	City
Province	Postal Code	Phone #	Email	
2. Applicant's Name: Last		First		Date of Birth (MM/DD/YY)
Home Addresss			Apt./Unit #	City
Province	Postal Code	Phone #	Email	
3. Applicant's Name: Last		First		Date of Birth (MM/DD/YY)
Home Addresss			Apt./Unit #	City
Province	Postal Code	Phone #	Email	

**The following questions must be answered by all applicants.**

**In the case of a partnership, by the partners. In the case of a corporation, by any officer or director.**

1. Is the applicant currently licensed as an owner in Kingston or any other Ontario Municipality? If yes, do not answer question #2	Yes	No
2. Has the applicant previously been licensed as an owner in Kingston? If yes, give full particulars	Yes	No
3. Has the applicant had any licence or registration of any kind refused, suspended, revoked or cancelled? If yes, give full particulars	Yes	No
4. Is the applicant: a) a discharged or undischarged bankrupt?	Yes	No
b) presently a party to bankruptcy proceedings?	Yes	No
c) ever been involved as an officer, director or majority shareholder with a corporation that went bankrupt or that is presently a party to bankruptcy proceedings?	Yes	No
If yes to any of the above, give full particulars:		
6. Has the applicant or director(s) ever been convicted of any offence under: (a) Federal Law? (eg. Criminal Code of Canada)	Yes	No
(b) Provincial Law? (eg. Highway Traffic Act)	Yes	No

**Consent:**

I am the applicant herein and am aware that a search will be made to process my application for a licence and I consent to the Kingston Area Taxi Commission making inquiries to the Ministry of Transportation and Kingston Police regarding my driving record and any criminal offence for which a pardon has not been granted.

Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_