

# City of Corner Brook

## Taxi Operators Application Form

Full Name: _____	Application Date: _____
Address: _____	Permit/File #: _____
_____	Telephone: _____

QUESTIONNAIRE:

1) Type of vehicle (year/make) \_\_\_\_\_ Plate# \_\_\_\_\_  
Registered Owner \_\_\_\_\_ Car# \_\_\_\_\_  
Address \_\_\_\_\_

2) Insurance Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Policy #: \_\_\_\_\_ Exp.Date: \_\_\_\_\_  
Liability Coverage: \_\_\_\_\_

3) Name of Taxi Co. \_\_\_\_\_

*Office Use Only*

- 1) Application Status.....(New /Renewal)  
2) Proof of Insurance..... Yes \_\_\_\_\_ No \_\_\_\_\_  
3) Inspected..... Yes \_\_\_\_\_ No \_\_\_\_\_  
4) Application Approved..... Yes \_\_\_\_\_ No \_\_\_\_\_

*Note: Application must be completed for each vehicle applied for and anytime a vehicle is changed*

\_\_\_\_\_  
Taxi Inspector