

Enforcement Services, 911 Bison Way, Sherwood Park, AB, T8H 1S9

Phone 780-449-0170

New Application

Renewal



Note: ALL fields on this Application form must be completed before the application can be processed.
Please print neatly.

Taxi Company Information

Taxi Company Name: _____
Taxi Company Address: _____ City: _____ Postal Code: _____
Mailing Address: _____ City: _____ Postal Code: _____
Phone: _____ GST# _____
Website: _____ Email: _____
Vehicle Colour: _____ Insurance Policy # (Copy required): _____
Strathcona County Taxi Plate Number: _____

Applicant Information *Only complete if information has changed from original application*

Name: _____ Title: _____
Home Phone: _____ Email: _____
Cell Phone: _____ Applicant Type: Individual Corporation

Vehicle Information *Only complete if information has changed from original application*

- 1 Year: _____ Make: _____ Model: _____ VIN: _____
License Plate: _____ Vehicle Inspection Complete yes no
- 2 Year: _____ Make: _____ Model: _____ VIN: _____
License Plate: _____ Vehicle Inspection Complete yes no
- 3 Year: _____ Make: _____ Model: _____ VIN: _____
License Plate: _____ Vehicle Inspection Complete yes no
- 4 Year: _____ Make: _____ Model: _____ VIN: _____
License Plate: _____ Vehicle Inspection Complete yes no
- 5 Year: _____ Make: _____ Model: _____ VIN: _____
License Plate: _____ Vehicle Inspection Complete yes no

Applicant Checklist

	Date Issued/Complete	Initial
<input type="checkbox"/> Insurance policy number (provide copy)	_____	_____
<input type="checkbox"/> Vehicle information for all taxi vehicles, including VIN and licence plate number	_____	_____
<input type="checkbox"/> Driver information for all taxi drivers, including Provincial Operator's Licence numbers	_____	_____
<input type="checkbox"/> Certified record of inspection for each taxi vehicle	_____	_____

Declaration

I hereby certify that all information given in this application is true to the best of my knowledge. I understand that giving false or misleading information may result in the rejection of your application.

Signature of Taxi Company Owner: _____ **Date:** _____
(Application will not be processed, if left blank)

For Office Use Only

Receipt #: _____ Amount Paid: _____ Code: _____ Licence #: _____

Collection and use of personal information

Personal information is being collected under the authority of s. 33 (c) of the *Freedom of Information and Protection of Privacy Act* and will be used to process and issue the Permit. If you have any questions about the collection, use or disclosure of your personal information, contact Administrative Assistant, Strathcona County Enforcement Services, Strathcona County at 780-449-0170.