

Schedule AA≅
to By-Law 2003-08

Corporation of the Township of Chapleau

Fees to be paid by taxicab brokers, owners and drivers under the within By-Law are as follows:

1. a) Taxicab Broker - Original License\$100.00
b) Taxicab Broker - Renewal of License\$100.00
2. a) Taxicab - Owner=s License - 1st vehicle.....\$40.00
b) Taxicab - Owner=s License - Each subsequent vehicle.....\$40.00
c) Renewal of taxicab Owner=s license per vehicle\$40.00
d) Change by taxicab owner of vehicle license
during the term of a license\$20.00
3. a) Taxicab Driver - License Application.....\$20.00
b) Taxicab Driver - Renewal of License\$20.00
4. a) Change of stand by Taxicab Owner\$10.00
b) Change of stand by Taxicab Driver.....\$2.00

NOTE:A separate fee is payable for each of taxicab license; these classes being broker, owner and driver.

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Schedule AB≅
to By-Law 2003-08

Corporation of the Township of Chapleau

APPLICATION FOR:

Taxicab Brokers License	2-1 to 2-4
Taxicab Owners License	3-1 to 3-5
Taxicab Drivers License	4-1 to 4-4

Application for a taxicab Broker=s License

Information Sheet - For Office Use Only

Date Applied for:

Date Issued:

Date Refused and Reason:

Expiry Date:

Date of Fee Payment:

Receipt No.:

Applicant=s Name:

Address:

Telephone No: (Bus) _____ (Res)

Taxicab Owner=s License Number: _

2-1
The Municipality of Chapleau
Application for a Taxicab Broker=s License

Witness that I _____

of _____
(Surname) (Given Names)

Telephone _____
— (Number & Street Name)

In the Municipality of Chapleau in the Province of Ontario, hereby make application for a taxicab Broker=s License and in relation thereto I hereby certify that:

I am the SOLE _____ PART _____ OWNER of the business and said business will be operated under the following:

Name: _____

Address: _____

(Number & Street Name)

If **Part Owner** please complete the following:

Name: _____

Address: _____
(Surname) (Given Names)

Telephone No.: _____
(Number & Street Name)

Birth Place: _____
(Residence) (Business)

Birth Date: _____
(City or Town) (Province) (Country)

_____ (Day / Month / Year)

Name: _____

Address: _____
(Surname) (Given Names)

Telephone No.: _____
(Number & Street Name)

Birth Place: _____
(Residence) (Business)

Birth Date: _____
(City or Town) (Province) (Country)

(Day / Month / Year)

If business is an incorporated company, please complete the following:

a) President:

Name:

Address: _____
(Surname) (Given Names)

Telephone No.: _____
(Number & Street Name)

Birth Place:

Birth Date: _____
(City or Town) (Province) (Country) (Day / Month / Year)

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b) Vice President:

Name:

Address: _____
(Surname) (Given Names)

Telephone No.: _____
(Number & Street Name)

Birth Place: _____
(Residence) (Business)

Birth Date: _____
(City or Town) (Province) (Country)

(Day / Month / Year)

1. I was born at _____

(City or Town) (Province) (Country)

on the ____ th day of _____ 19 ____ .

My age is ____ years. Height ____ Weight ____ My driver's
license number is ____ Province ____ .

2. I am married ____ single ____ and I have ____ Adults and ____ children
dependant upon me for maintenance.

3. I have resided in the Township of Chapleau since _____.
4. I have ____ have not ____ previously held a taxicab driver=s license or taxicab owner=s license.
 - a) Said license has ____ has not ____ ever been refused or canceled in the Township of Chapleau or elsewhere;
 - b) Details of said refusal or cancellation are as follows:
 - c) Further details regarding employment as a taxicab driver are:

Company worked for:

Address:

Period worked:
5. Have you ever been convicted of any offence under the following Statue:
 - a) Criminal Code:
 - b) Highway Traffic Act:
6. Have you ever been convicted of any offence under the following Statue:
 - c) Liquor Control Act:
 - d) Other:

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7. I understand that should the license (s) be granted, a certified copy of the required insurance or a certificate of such policy covering each taxicab will be provided to the By-Law Officer prior to the issuance of the applied for license (s).

In witness whereof I hereunto set my hand this ____ th day of _____, 20__.

Signed and Delivered
in the presence of

(Signature of Applicant)

It is recommended that the above application (be approve/not be approved)

Explanation (if not approved)

By-Law Officer
Municipality of Chapleau.

2-4
The Municipality of Chapleau
Application for a Taxicab Owner=s License

Witness that I

(Surname)

(Given Names)

of

(Number & Street Name)

Telephone

In the Municipality of Chapleau in the Province of Ontario, hereby make application for a Taxicab Owner=s License and in relation thereto I hereby certify that:

I am the SOLE _____ PART _____ OWNER of the business and said business will be operated under the following:

Name:

Address:

(Number & Street Name)

.....if the business is to be operated out of another taxi company's stand, please state its Name:

Address: _____

(Number & Street Name)

Telephone _____

If **Part Owner** please complete the following:

a) The undermentioned persons are partners with me:

Name:

Address: (Surname) (Given Names)

Telephone No.: (Number & Street Name)

Birth Place: (Residence) (Business)

Birth Date: (City or Town) (Province) (Country)

(Day / Month / Year)

Name:

Address: (Surname) (Given Names)

Telephone No.: (Number & Street Name)

Birth Place: (Residence) (Business)

Birth Date: (City or Town) (Province) (Country)

(Day / Month / Year)

If business is an **Incorporated Company**, please complete the following:

a) President:

Name:

(Surname) (Given Names)

Address:

(Number & Street Name)

Telephone No.:

(Residence) (Business)

Birth Place:

(City or Town) (Province) (Country)

Birth Date:

(Day / Month / Year)

b) Vice President:

Name:

(Surname) (Given Names)

Address:

(Number & Street Name)

Telephone No.:

(Residence) (Business)

Birth Place:

(City or Town) (Province) (Country)

Birth Date:

(Day / Month / Year)

3-2
The Municipality of Chapleau
Application for a Taxicab Owner=s License

Information Sheet - For Office Use Only

Date Applied for:

Date Issued:

Date Refused and Reason:

Expiry Date:

Date of Fee Payment:

Receipt No.:

Applicant=s Name:

Address:

Telephone No: (Bus) _____ (Res)

Taxicab Owner=s License Number: _

1. I was born at _____

(City or Town) (Province) (Country)

on the ____ th day of _____ 19 ____ .

My age is _____ years. Height _____ Weight _____ My driver=s
license number is _____ Province _____ .

2. I am married ____ single ____ and I have ____ Adults and ____ children
dependant upon me for maintenance.

3. I have resided in the Township of Chapleau since _____.

4. I have ____ have not ____ previously held a taxicab driver=s license or taxicab
owner=s license.

a) Said license has ____ has not ____ ever been refused or canceled in the Township
of Chapleau or elsewhere;

b) Details of said refusal or cancellation are as follows:

c) Further details regarding employment as a taxicab driver are:

Company worked for:

Address:

Period worked:

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d) Further details regarding employment as a taxicab owner are:

Business Name:

Address:

Period of ownership

5. Vehicle (s) to be used in conjunction to license (s) issued:

Make:

Model:

Serial No.:

Motor Vehicle License No.:

6. I certify that I am (please check one)

a) The registered owner _____ or

b) Leasing the vehicle from a firm or company carrying on business of leasing vehicles

7. Have you ever been convicted of any offence under the following Statute:

a) Criminal Code:

b) Highway Traffic Act:

c) Liquor Control Act:

d) Other:

8. I understand that should the license (s) be granted, a certified copy of the required

insurance or a certificate of such policy covering each taxicab will be provided to the By-Law Officer prior to the issuance of the applied for license (s).

9. I understand that a Criminal Record Check is required to be submitted with this application.

In witness whereof I hereunto set my hand this ____ th day of _____, 20__ .

Signed and Delivered
in the presence of

(Signature of Applicant)

(The applicant is hereby warned that this is an application for a license and not a license)

It is recommended that the above application (be approve/not be approved)

Explanation (if not approved)

By-Law Officer
Municipality of Chapleau.

3-4

The Municipality of Chapleau
Transfer Form - Taxicab Owner=s License

Witness that I, _____

of _____
(Surname) (Given names)

in the Municipality of Chapleau.
_____ (Number & Street Name)

Telephone _____
_____ (Residence) (Business)

in the Province of Ontario and holder of the Municipality of Chapleau Taxicab Owner=s License Number

Operating under the business name of _____

at _____

hereby make application to transfer that license to

of _____
(Surname) (Given names)

Telephone _____
_____ (Number & Street Name)

_____ (Residence) (Business)

Witness

(Signature of transferee)

Witness

(Signature of transferor)

The applicant is hereby warned that this does not constitute a valid transfer, nor does such transfer take effect until the transferee has completed an Application for a taxicab owner's license and said application is approved for purposes of this transfer under the provision of the Council of the Municipality of Chapleau.

Municipality of Chapleau

Application for a Taxicab Driver's License

Date Applied for: _____

Date Issued: _____

Date Refused and Reason: _____

Expiry Date: _____

Date of Fee Payment: _____

Receipt No.: _____

Applicant=s Name: _____

Address: _____

Telephone No: (Bus) _____ (Res)

Taxicab Driver=s License Number: _____

The Municipality of Chapleau

Application for a Taxicab Driver=s License

Witness that I

(Surname) (Given Names)
of _____

(Number & Street Name)
Telephone _____

In the Municipality of Chapleau in the Province of Ontario, hereby make application for a Taxicab Driver=s License and in relation thereto I hereby certify that:

1. I was born at _____
(City or Town) (Province) (Country)
on the ____ th day of _____ 19 ____ .
My age is _____ years. Height _____ Weight _____ My driver=s
license number is _____ Province _____ .

2. I am married ____ single ____ and I have ____ Adults and ____ children
dependant upon for maintenance.

3. I have resided in the Township of Chapleau since _____.

4. I will be employed by: _____
Name of Employer: _____
Name of Business: _____
Business Address: _____
(Number & Street Name)
Telephone No.:

Please attach a letter of authorization from the prospective employer to this application.

5. I have ____ have not ____ previously held a taxicab driver=s license or taxicab
owner=s license.
a) Said license has ____ has not ____ ever been refused or canceled in the Township
of Chapleau or elsewhere;
b) Further details regarding employment as a taxicab driver are:
Company worked for:
Address:
Period worked:

6. Have you ever been convicted of any offence under the following Statue:
a) Criminal Code:

b) Highway Traffic Act:

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c) Liquor Control Act:

d) Other:

8. I understand that should my application be approved, that prior to the issuance of a license I must produce two (2) 1 2 x 1 2 A photographs of myself, one photograph to be attached to this application and one photograph to be mounted in the taxicab I will be operating.

In witness whereof I hereunto set my hand this ____ th day of _____, 20____.

Signed and Delivered
in the presence of

Witness

(Signature of Applicant)

It is recommended that the above application (be approve/not be approved)

Explanation (if not approved)

By-Law Officer
Municipality of Chapleau.

4-3

The Municipality of Chapleau

Renewal of Taxicab Driver=s License

Type Of License:

Applicant=s Name:

Address:

Telephone No: (Bus)

(Res)

Witness

Signature of Applicant

It is recommended that the above application (be approve/not be approved)

Explanation (if not approved)

By-Law Officer
Municipality of Chapleau.

4-4
Schedule AC≅
to By-Law 2003-08

Corporation of the Township of Chapleau

FARES

FLAT RATE FARES

1. Inside Township limits:
 - \$6.00 downtown core.
 - \$7.00 downtown core to ski chalet area.
 - \$9.00 downtown core to Railroad Motor Inn area.
 - \$11.00 downtown core to Piloteville or Martinville areas.

2. Outside Township Limits:
 - \$15.00 Airport.
 - \$16.00 All First Nation Reserves.
 - \$21.00 Devon.
 - \$ Mulligans Bay.

3. Extra Charges applicable as follows:
 - \$ 2.00 Waiting time at beer store, in addition to regular fare.
 - \$ 3.00 Grocery pickup and delivery, in addition to regular fare.

METERED RATE FARES

Drop

For the First 1 - 10th km or any part thereof.....	\$2.80
For each additional 1 - 10th km or any part thereof.....	\$1.10
For waiting time while under engagement for each 60 seconds	\$1.30
Hourly Rate	\$19.00

