

Niagara Region
Business Licensing
5853 Peer Street, Second Floor
Niagara Falls, Ontario, L2G 1X4

905-980-6000 ext. 6380
niagararegion.ca/business

Please complete and return this form in person

Type of licence required:

Caleche

Specialty

Towing

Shuttle

Taxicab

Transportation Network
Company (TNC)

Sightseeing

Applicant's full name:

Maiden or any other name(s):

Address:

City:

Postal code:

Phone number:

Cell phone number:

Email address:

Date of Birth (mm/dd/yyyy):

*Country of birth:

**Please note: If born outside Canada, proof of citizenship, landed immigrant status and/or valid work permit is required.*

Height:

Weight:

Hair colour:

Eye colour:

Employer:

Have you ever been convicted of an offence under the Criminal Code of Canada (for which you have not been granted a pardon)? If so, list offences and approximate dates of convictions.

Have you ever been convicted of an offence under the Controlled Drugs and Substance Act (for which you have not been granted a pardon)? If so, list offences and approximate dates of convictions.

Has any agency ever refused to grant a driver's licence to you, or have you had such a licence suspended or revoked? If so, list details.

Have you ever been convicted of an offence contravening a licensing by-law? If so, list details.

Has your Ontario Driver's Licence been suspended for any reason within the last five years? If so, list details.

Declaration:

I understand that making a false statement in this application could result in a refusal to issue a licence, or in suspension or revocation of a licence at a later date.

I hereby authorize release to the Niagara Region any and all particulars of my criminal record and my driving record.

In consideration of the release of the information by the Niagara Region. I hereby release and forever discharge Niagara Region and all of its members for damages or for loss or injury arising out of the release of information relating to my criminal record and my driving record which may hereafter be sustained by me.

I certify that the above information is true to the best of my knowledge, information and belief.

Signature:

Date (mm/dd/yyyy):

For office use only

Completed by (file no.):

CNI D/L