

FORM "B"

APPLICATION FOR AN OWNER'S LICENSE

No. _____

In order that the vehicle(s) listed below may be utilized for Taxi Cab purposes, I hereby make application for an "Owner's license" for each vehicle for the year 20____.

Name: _____

Address: _____

Telephone Nos: Residence _____ Business _____

- 1. Are all vehicles insured as provided by by-law? Yes No
- 2. Are insurance or bond particulars attached? Yes No
- 3. Are you the registered owner of the vehicle(s)? Yes No
- 4. Fill in the following in detail: Yes No

<u>Make/Model/Year</u>	<u>Serial No.</u>	<u>License No.</u>	<u>Mechanical Condition</u>	<u>Particulars of Meters</u>

APPLICANT

AFFIDAVIT

Province of New Brunswick

County of Westmorland

To Wit:

I, _____, of the **Town of Shediac, County of Westmorland and Province of New Brunswick**, make oath and say:

That the foregoing particulars as set forth in the foregoing application for an owner's License as supplied by me are true and correct.

Sworn to at the **Town of Shediac**, in _____)
the **County of Westmorland** this _____)
day of _____, A.D. 20____)
before me: _____)
_____)
_____)

A COMMISSIONER OF OATHS

Approved for Issue:

Dated the _____ day of _____, A.D. 20____. _____

TOWN MANAGER

Dated the _____ day of _____, A.D. 20____. _____

CHIEF OF POLICE

Return completed forms to:

Town of Shediac
342, Main Street, Unit 160
Shediac, New Brunswick
E4P 2E7

Or they can be faxed to: (506) 532-6156

Les formulaires dûment remplis devraient être retournés à l'adresse suivante :

Ville de Shediac
342, rue Main, unité 160
Shediac, Nouveau-Brunswick
E4P 2E7

ou être faxés au : (506) 532-6156