

TOWN OF WOODSTOCK  
**APPLICATION FOR TAXI OPERATOR'S LICENSE**

Surname \_\_\_\_\_ Given Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Social Insurance No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Present Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Driver's License No. \_\_\_\_\_ Class of License \_\_\_\_\_

Driving Experience \_\_\_\_\_

Occupation, Name & Address  
of Employers, past 5 years: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you been convicted for any traffic or other offence in the past 5 years? If yes, describe nature of offence.

Employer for whom you intend to work.

Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Address: \_\_\_\_\_

SIGNATURE OF APPLICANT:

\_\_\_\_\_

This certifies that the applicant is fit and proper to be a taxicab driver.

CHIEF OF POLICE:

\_\_\_\_\_

Date of Issue \_\_\_\_\_

Term of License - From \_\_\_\_\_ To \_\_\_\_\_

DIRECTOR OF ADMINISTRATIVE SERVICES

Return completed forms to:

Town of Woodstock  
824 Main Street  
Woodstock, New Brunswick  
E7M 2E8

Or they can be faxed to: (506) 325-4308

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

Ville de Woodstock  
824 rue Main  
Woodstock, Nouveau-Brunswick  
E7M 2E8

ou être faxés au : (506) 325-4308