

Vehicle Owner Application



City of Mississauga
Transportation and Works Department
Enforcement Division, Mobile Licensing
3235 Mavis Road, Ground Floor
Mississauga ON L5C 1T7
Telephone No. 905-896-5643
Fax No. 905-615-4486
Bus. Hours: 8:30 a.m. to 4:00 p.m.
Monday to Friday
www.mississauga.ca/enforcement

Personal information on this form is collected under the authority of sections 11, 150, 151, and 156 of the Municipal Act 2001, and City of Mississauga By-Law #420-04, as amended. The information will be used to licence, regulate and govern owners and drivers of Taxicabs and the business of Taxicab Brokers and for the administration of the Public Vehicle Licensing Program. Questions regarding the collection of this information should be directed to the Manager, Mobile Licensing Enforcement, 905-896-5463.

Application

Type of Licence _____

Type of applicant:

applied for: _____

Individual Partnership Corporation

Individual

Applicant's Name: _____
(last name) (first) (Initial)

Address: _____ Apt./Unit _____

City: _____ Province _____ Postal Code: _____ Phone #: _____

Cell#: _____ Email Address: _____

Date of Birth: ____/____/____ Sex: Male Female Height: _____ Weight: _____

Colour of Eyes: _____ Hair: _____ Company Name: _____

Partnership or Corporation

Name of Partnership or Corporation:

(Attach articles of incorporation as applicable) _____

Name under which business will be operated if different from above: _____

Business Address: _____ Unit _____

City: _____ Province _____ Postal Code: _____ Phone #: _____

Mailing Address (if different from above): _____ Unit _____

City: _____ Province _____ Postal Code: _____ Phone #: _____

To be completed by all Refreshment Vehicle Owners and Food Vendors

Name of commissary or supplier: _____

Address of commissary or supplier: _____ Unit: _____

City: _____ Province _____ Postal Code: _____ Phone #: _____

To be completed by all Partners in a Partnership or all Corporate Officers and Directors

1. Name: _____ Date of Birth: ____/____/____
(last name) (first) (Initial)

Residence Address: _____ Apt./Unit _____

City: _____ Province _____ Postal Code: _____ Phone #: _____

2. Name: _____ Date of Birth: ____/____/____

Residence Address: _____ Apt./Unit _____

City: _____ Province _____ Postal Code: _____ Phone #: _____

3. Name: _____ Date of Birth: ____/____/____

Residence Address: _____ Apt./Unit _____

City: _____ Province _____ Postal Code: _____ Phone #: _____

**The following questions must be answered by all applicants.
In the case of a partnership: by the partners; In the case of a corporation: by any officer or director.**

1. Is the applicant currently licensed as an owner in Mississauga or any other Ontario Municipality?
If yes, do not answer #2 Yes No
2. Has the applicant previously been licensed as an owner in Mississauga?
If yes, give full particulars: Yes No
-
3. Has the applicant ever had any licence or registration of any kind refused, suspended, revoked or cancelled?
If yes, give full particulars: Yes No
-
4. Is the applicant: Yes No
 a) a discharged or undischarged bankrupt? Yes No
 b) presently a party to bankruptcy proceedings? Yes No
 c) ever been involved as an officer, director or majority shareholder with a corporation that went bankrupt
 or that is presently a party to bankruptcy proceedings? Yes No
 If yes, give full particulars:
-
5. Are there any unpaid judgements outstanding against the applicant?
If yes, give full particulars: Yes No
-
6. Has you been convicted of any:
 (a) Federal Law (eg. Criminal code of Canada) for which a pardon has been granted? Yes No
 (b) Provincial Law (eg. Highway Traffic Act) Yes No
 (c) Municipal By-Law (eg. Public Vehicle Licensing) Yes No
 (d) Any law of any country Yes No
 If yes, give full particulars:
-
7. Is there any person or corporation whose name is not disclosed in this application, who has any financial interest
 in the applicant, or who otherwise exercises control or direction over the applicant? Yes No
 If yes, give full particulars:

Name _____

Address _____

Consent: I am the applicant herein and am aware that a search will be made to process my application for a licence and I consent to the City of Mississauga making inquiries to the Peel Regional Police regarding any criminal record for which a pardon has not been granted.

Date ____/____/____ Signature _____

AFFIDAVIT

To be completed by one of the Partners, an Officer or a Director of the corporation or an individual in the presence of a Justice of the Peace, a Commissioner of Oaths, Lawyer, etc.

The applicant declares that:

I _____ of _____
(Name) (City/Town)

in the _____ do solemnly declare:
(County/Region)

Make oath and say

1. I am the Applicant , Authorized Agent or other _____
2. To the best of my knowledge, information, and belief, the information in the application is true.
3. The business will not commence until a licence has been issued by the City of Mississauga.

SWORN BEFORE ME AT THE:

City of Mississauga In the Judicial District of: Peel

Signature of Applicant / Corporate Officer

this _____ day of _____ 20 _____

Commissioner, etc.

Corporate Position