



<b>OFFICE USE ONLY</b>	
<b>Date Received:</b>	
<b>Date Approved:</b>	
<b>Department Approval:</b>	

**Municipality of the County of Inverness  
Taxi Driver's License Application**

Applicant Name:	
Address:	
Telephone:	
Email:	
Date of Birth:	
Number of Years Applicant has Been Driving:	
Class of Driver's License for Current Year:	
Record of Convictions Against the Applicant:	
If Yes, List Convictions:	

Character References	
Name	Phone Number
1.	
2.	

Application must be accompanied by:

- a) Two passport sized photographs of the applicant, unretouched. (One to be filed with this application, and the other to be affixed to the license if and when granted).
- b) A photocopy of your valid driver's license.
- c) A fee of \$10.00.

*Please return application, with fee, by:*

- a) *Mail: Municipality of the County of Inverness, PO Box 179, Port Hood, NS B0E 2W0*
- b) *In person: 375 Main Street, Port Hood, NS.*