



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

**Municipality of the County of Inverness  
Taxi License Application**

Applicant Name:	
Address:	
Telephone:	
Email:	
Type of Vehicle:	
Make and Year of Vehicle:	
Seral Number of Vehicle:	
Record of Convictions Against the Applicant:	
Amount of Insurance on Vehicle and Name of Insurance Provider:	

Character References	
Name	Phone Number
1.	
2.	

Application must be accompanied by:

- a) A certificate signed by a qualified mechanic certifying that the vehicle sought to be licensed is in good mechanical condition.
- b) An Automobile Insurance Policy or certified copy thereof, providing on the vehicle sought to be licensed, public liability, property damage and cargo or passenger hazard insurance in the following amounts:
  - i) The amount of two million dollars (\$2,000,000.00)
- 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.*