

**FORM "A"**

**APPLICATION FOR A TAXICAB STAND LICENSE No. \_\_\_\_\_**

I/We, \_\_\_\_\_ hereby make application for a "Taxicab Stand License" for the year 20\_\_\_\_.

- 1. The name of the company is \_\_\_\_\_
- 2. Location of the taxicab stand \_\_\_\_\_
- 3. The telephone number(s) \_\_\_\_\_
- 4. Do you intend to give service year round? Yes No
- 5. Do you intend to give service 24 hours a day? Yes No
- 6. How many cars do you intend to operate? \_\_\_\_\_
- 7. Are your cars insured as provided by by-law? Yes No
- 8. Are insurance or bond particulars attached? Yes No
- 9. List the names of all officers or officials or your company:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10. Names and addresses and character profiles of all drivers should be attached to this application and addressed to the "Chief of Police" and marked "Private and Confidential."

11. Please complete in detail the particulars for all units included in Section 2 (B) herein:

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

(Attach List)

\_\_\_\_\_  
**(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 a Taxicab Stand 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: )  
\_\_\_\_\_ )  
\_\_\_\_\_ )

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