

**FORM "C"**

**APPLICATION FOR TAXICAB OPERATOR'S LICENSE**

Full name: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone \_\_\_\_\_  
Driver's License Number \_\_\_\_\_ Classification \_\_\_\_\_  
Taxi Badge Number \_\_\_\_\_ Social Insurance No. \_\_\_\_\_  
Birth Place \_\_\_\_\_ Birth date \_\_\_\_\_  
Do you wear: Eyeglasses \_\_\_\_\_ Contact Lenses \_\_\_\_\_ Hearing Aid \_\_\_\_\_  
Give particulars of any illness within the last 3 years: \_\_\_\_\_

Marital status: Single \_\_\_\_\_ Married to: \_\_\_\_\_  
Other \_\_\_\_\_

Number of dependents \_\_\_\_\_ Address \_\_\_\_\_

Education:

	<u>Name of School</u>	<u>No. of years Attended</u>	<u>Did you Graduate</u>	<u>Year of Leaving</u>
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Elementary \_\_\_\_\_  
High \_\_\_\_\_  
College \_\_\_\_\_  
Business or Vocational \_\_\_\_\_

Last three employers: \_\_\_\_\_ Your position & Duties \_\_\_\_\_ Dates: From – To \_\_\_\_\_  
\_\_\_\_\_

Personal References: (Not relatives or former employers)  
\_\_\_\_\_ Address \_\_\_\_\_ Telephone: \_\_\_\_\_  
\_\_\_\_\_ Address \_\_\_\_\_ Telephone: \_\_\_\_\_  
\_\_\_\_\_ Address \_\_\_\_\_ Telephone: \_\_\_\_\_

Have you ever been convicted of any court in Canada or elsewhere?  
If yes, specify: \_\_\_\_\_

\_\_\_\_\_  
**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 Operator's 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\_\_\_\_ )  
\_\_\_\_\_ )  
\_\_\_\_\_ )

**A COMMISSIONER OF OATHS**

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