

# BROKERAGE LICENSE APPLICATION PURSUANT TO BYLAW 22/006

TO BE COMPLETED AND SIGNED BY THE APPLICANT. PLEASE COMPLETE ALL SPACES AS FULLY AND ACCURATELY AS POSSIBLE. FAILURE TO DO SO MAY RESULT IN THE REFUSAL OF THIS APPLICATION AND REVOCATION OF ANY SUBSISTING LICENSE HELD.

THIS APPLICATION MUST INCLUDE IN ADDITION TO THIS FORM:

1. PROOF IN WRITING THAT THE APPLICANT HAS AN OFFICE LOCATED IN THE RMWB FROM PLANNING AND DEVELOPMENT.
2. PROOF IN WRITING THAT THE APPLICANT HAS AN AGREEMENT OR AGREEMENTS IN PLACE TO PROVIDE DISPATCH SERVICES OR ARE ACCEPTING CALLS FOR SERVICE.
3. PROOF IN WRITING THAT THE APPLICANT IS IN COMPLIANCE WITH THE LAND USE BYLAW.
4. COMPLETED FREEDOM OF INFORMATION AND PRIVACY NOTICE OF CONSENT (REVERSE OF THIS FORM).
5. RECEIPT SHOWING PAYMENT FOR BROKERAGE LICENSE (PER SCHEDULE J).

NOTE: ALL APPLICANTS ARE REMINDED ANY CHANGE IN THE INFORMATION PROVIDED ON THIS FORM MUST BE REPORTED IN WRITING TO THE CHIEF TAXI INSPECTOR WITHIN 7 DAYS OF ITS OCCURANCE.

BROKERAGE COMPANY NAME: \_\_\_\_\_

COMPANY NAME AS LISTED ON BUSINESS LICENSE: \_\_\_\_\_

ADDRESS WHERE BROKERAGE OPERATES: \_\_\_\_\_ / \_\_\_\_\_  
STREET NUMBER AND NAME CITY / PROVINCE

POSTAL CODE: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT FROM ABOVE) \_\_\_\_\_ / \_\_\_\_\_  
STREET NUMBER AND NAME CITY / PROVINCE

E-MAIL ADDRESS: \_\_\_\_\_

NUMBER OF AFFILIATED LICENSES: (TAXI) \_\_\_\_\_ (LIMOUSINE) \_\_\_\_\_  
(SHUTTLE) \_\_\_\_\_

PRINCIPAL OWNER(S) OF BROKERAGE (INCLUDE PRINCIPAL RESIDENCE AND CONTACT PHONE NUMBER(S))

\_\_\_\_\_  
\_\_\_\_\_

|                     |                   |
|---------------------|-------------------|
| FOR OFFICE USE ONLY |                   |
| CLERK _____         | BROKERAGE # _____ |



# FREEDOM OF INFORMATION AND PRIVACY NOTICE OF CONTENT

**ALL APPLICATIONS ARE SUBJECT TO APPROVAL.**

I \_\_\_\_\_ do hereby state that I (A) agree to abide by all provisions of the Regional Municipality of Wood Buffalo Vehicle for Hire Bylaw and (B) that all information provided by me on this application is true and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*The personal information on this form is collected under the authority of Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act. The personal information will be used to process your application as contact information. If you have any questions about the collection or use of this information contact Bylaw Services, 150 MacLennan Crescent, Fort McMurray, Alberta, T9H 4E8, or phone 780.743.7000.*

