APPLICATION FOR DRIVER'S LICENSE FOR OPERATION OF TAXI VEHICLE
TOWN OF ANNAPOLIS ROYAL

NAME AND ADDRESS OF APPLICANT _____

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_____

PROOF OF AGE _____

MASTER LICENSE NO _____

CLASS OF LICENSE _____

HAVE YOU BEEN CONVICTED OF ANY OFFENCE INVOLVING HARM TO THE BODY OF ANOTHER PERSON OR AN OFFENCE INVOLVING POSSSESSION OR USE OF AN OFFENSIVE WEAPON OR AN OFFENCE INVOLVING THE ILLEGAL SALE OF LIQUOR OR DRUGS WHILE HOLDING A DRIVER'S LICENSE WITHIN THE PAST TWO YEARS? _____

_____

SIGNATURE OF APPLICANT

DATE _____

EXAMINED AND VERIFIED BY CHIEF OF POLICE ON _____ 20 _____

_____

CHIEF OF POLICE

FOR OFFICE USE ONLY

APPLICATION DATE _____

APPLICATION FEE _____

EXPIRY DATE _____

TOWN OF ANNAPOLIS ROYAL

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CAO