

Application of a Transportation Network Company Licence



325 Farr Drive
 P.O. Box 2050
 Haileybury, Ontario
 P0J 1K0
 TEL: (705) 672-3363
 FAX: (705) 672-3200

Please complete the following application form when renewing or applying for a TNC Licence in the City. Any supporting documentation required by this application **MUST** accompany this application. The Applicant for a TNC licence must attend the City Hall for submission of this Application Form.

PART A: (TNC APPLICANTS)

Date of application: _____

Company name: _____

Applicant's name: _____
 (Surname, Given Names)

Address: _____
 (Street No.) (Street) (Apt #) (City) (Postal Code)

Business Address: _____
 (Street No.) (Street) (Apt #) (City) (Postal Code)

Business Phone: _____ Home Phone: _____

Fax: _____ Email: _____

PART B: (ALL APPLICANTS EXCEPT CORPORATIONS)

Date of birth: _____ Height: _____

Driver's licence: _____

PART C: (CORPORATIONS ONLY)

Authorized individual acting for the Corporation with respect to this application,

Name of individual: _____
 (Surname) (Given Names)

Position with respect to Corporation: _____

Address: (If same as business address; leave blank) _____

Business Phone: _____ Fax: _____

Name of Corporation: _____

Head Office Address: _____
(Street No.) (Street) (Apt #) (City) (Postal Code)

President name: _____

Home Address: _____
(Street No.) (Street) (Apt #) (City) (Postal Code)

Birth date: _____
(Day/Month/Year)

Vice-President name: _____

Home Address: _____
(Street No.) (Street) (Apt #) (City) (Postal Code)

Birthplace & Birth date: _____
(Day/Month/Year)

PART D: (OWNER APPLICANT)

I am the sole, or part owner of the business and said business will be operated under the following:

Name: _____

Address: (If same as business address; leave blank) _____

Business phone: _____ Fax: _____

Email: _____

If a part owner, please list the other partner below. Append a separate list if necessary.

Partner #1 Name: _____

Home Address: _____
(Street No.) (Street) (Apt #) (City) (Postal Code)

Business phone: _____ Home phone: _____

Fax: _____ Email: _____

Address: (If same as business address in Part A; leave blank) _____

Business phone: _____ Fax: _____

Email: _____

INSPECTIONS OF TNC

I understand that the Licence Issuer is hereby authorized to inspect as much of any place or premise as is used for the carrying on of the licensed business of the TNC and any books, records or other documents of or relating to any such business.

Signature _____ **Date:** _____

DECLARATION FOR INDIVIDUALS

I _____ hereby apply for a _____
(Full name) **(TNC OWNER)**

Licence from the City of Temiskaming Shores as provided for in the above application, and certify that the statements made in the application are true.

As a TNC owner in the City you are required to ensure the provisions of the By-Law 2024-097 relating to Transportation Network Companies, TNC Vehicles and TNC Drivers are being upheld.

Applicant Signature _____ **Witness** _____

Applicant name printed: _____

Please allow 6-10 days for processing

For Office Use Only

Application submitted by applicant

Photograph of applicant taken

Comments/Recommendations on Application: Approved Not Approved

Signature – Enforcement Officer

Date