



THE TOWN OF PARADISE  
APPLICATION FOR TAXICAB OPERATING DRIVERS LICENSE

Province Driver's License No. \_\_\_\_\_ Class \_\_\_\_\_ Taxicab License No. \_\_\_\_\_  
\_\_\_\_\_ Day of \_\_\_\_\_

I hereby make application for a Taxicab Driver's License to Drive a Taxicab as provided in the Taxi Regulations of the Town of Paradise.

I, \_\_\_\_\_  
Full Name and address of applicant \_\_\_\_\_ Age \_\_\_\_\_

Previous address if less than two years at current address \_\_\_\_\_

What is your present occupation? \_\_\_\_\_

Whom are you employed with? \_\_\_\_\_

Are you already in the taxi Business? \_\_\_\_\_

Do you intend to carry on a taxi business yourself as a full-time operation or as part-time only?  
\_\_\_\_\_

Do you intend to apply for a driver-owner's license or a driver's license only? \_\_\_\_\_

Have you any physical incapacity? \_\_\_\_\_

Has your driver license ever been cancelled? \_\_\_\_\_. If so, state circumstances:  
\_\_\_\_\_

Have you ever been charged for drunken driving? \_\_\_\_\_

Have you ever been charged or convicted of any motor vehicle related offence under the Criminal Code of Canada? \_\_YES \_\_NO If Yes, When? \_\_\_\_\_  
\_\_\_\_\_

Have you ever been refused a driving license? \_\_\_\_\_

I, \_\_\_\_\_ make oath and say that the foregoing statement is correct and true to the best of my knowledge, information and belief.

Sworn before me at: \_\_\_\_\_  
Signature in Full \_\_\_\_\_

Paradise, Newfoundland this \_\_\_\_\_ day of \_\_\_\_\_

**Payment for the Permit is required to be remitted within 60 days of the date the applicant is notified that the permit is ready. Failure to remit the payment as specified will result in cancellation of the permit application.**



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**TO THE TOWN CLERK**

The above applicant is a person of \_\_\_\_\_ character as far as is known to me, and I consider that the person is qualified to hold a Taxicab Driver's License under the Taxi Regulations of the Town of Paradise.

Dated this: \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Inspector of Taxicabs

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Collection of personal information via this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed to process your application. Questions about the collection and use of the information may be directed to [planning@paradise.ca](mailto:planning@paradise.ca).