



Municipality of Wawa

# APPLICATION TAXI CAB COMPANION LICENSE

**New**       **Renewal**      Year \_\_\_\_\_

Owner: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

## VEHICLE DESCRIPTION:

Year:	Make:	Model:	Style:
V.I.N.:		Colour:	Plate No.

## INSURANCE

Policy No. _____	Company: _____	
Expire Date: _____ DD/MM/YY		
Applied this _____, day of _____, 2021		
	Fee: _____	Receipt No. _____

\_\_\_\_\_  
Signature of Owner

## Office Use Only

Assigned Taxi Cab License No. _____	
By-Law Officer: _____ Signature	Clerk: _____ Signature
Date: _____	