

OFFICE OF THE CITY CLERK

Policy, Gaming & Licensing 350 City Hall Square West - Suite 110 Windsor, ON N9A 6S1

Ph: 519-255-6200, Option 1 Fax: 519-255-6868

www.citywindsor.ca

TOW TRU	JCK OWNER/VEHICLE	LICENC	OFFICE USE ONLY LICENCE #				
APPLICATION (2 PAGES)							
APPLICANT NAME AND ADDRESS							
				(MM/DD/YYYY)			
APPLICANT NAME:			DATE OF BIRTH:				
			HOME PHONE:				
STREET ADDRESS:			CELL PHONE:				
CITY, PROVINCE:			POSTAL CODE:				
BUSINESS NAME AND	ADDRESS						
NAME UNDER			PLEASE INDICATI	E WITH A CHECK MARK: $()$			
WHICH BUSINESS			Corporation Sole Proprietorship Partnership				
OPERATES:							
			BUS. PHONE:				
STREET ADDRESS:			FAX NUMBER:				
CITY, PROVINCE:			POSTAL CODE:				
MAILING ADDRESS FO	OR BUSINESS, IF DIFFERENT THA	N ABOV					
			CITY, PROVINCE:				
STREET ADDRESS:			POSTAL CODE:				
LICE	NCE CATEGORY		LICENCE FEES				
TOW	TRUCK - OWNER		NEW - \$105.00	RENEWAL-\$105.00			
TOW TR	UCK – PER VEHICLE		NEW - \$52.00	RENEWAL-\$52.00			
HAVE YOU EVED HAD ANY	DDENIGUE MUNICIPAL LIGENGE(C)C		YOU EVER BEEN CONVICTED OF ANY CRIMINAL OR				
HAVE YOU EVER HAD ANY PREVIOUS MUNICIPAL LICENCE(S)? YES NO IF YES: What type?		INDICTABLE OFFENCE IN CANADA OR ANY OTHER COUNTRY? (FOR WHICH A PARDON HAS NOT BEEN GRANTED)					
TES What type:		YES	NO IF YES: Year?				
What year?			Location?				
PLEASE ENCLOSE TH	IE FOLLOWING DOCUMENTS WITI	H THIS A	PPLICATION				
Schedule of Rates C	harged	Insurance Policy (\$2 million minimum liability)					
Vehicle Ownership		Valid Safety Standards Certificate					
Proof of Work Status (2) pieces of government-issued identification including one photo I.D. as well as one I.D. demonstrating proof of status in Canada (e.g. birth certificate, Canadian passport, Canadian citizenship card, permanent resident card, work permit, etc.							
PLEASE ENCLOSE THE ADDITIONAL DOCUMENTS IF ALSO ACTING AS DRIVER							
Police Records Check (Not Older Than 30 Days)			Valid Ontario Driver's Licence "Class-G"				
IF ACTING AS DRIVER ALSO YOU WILL REQUIRE A BI-ANNUAL PHOTO ID CARD. THE COST FOR THIS CARD IS \$16.95 (INCLUDING HST). PLEASE NOTE THAT THE MUNICIPAL PHOTO ID CARD ISSUED FOR BUSINESS LICENSING PURPOSES IS THE PROPERTY OF THE CITY OF WINDSOR. THERE WILL BE A \$28.25 CHARGE (INCLUDING HST) FOR THE REPLACEMENT OF ANY LOST OR STOLEN PHOTO ID CARDS							
DEPARTMENT DISTRI							
ZONING CLEARANC	E						
PLEASE RETURN THIS APPLICATION WITH YOUR PAYMENT TO THE OFFICE OF THE CITY CLERK/POLICY, GAMING & LICENSING DIVISION AT 350 CITY HALL SQUARE WEST, SUITE 110, WINDSOR, ON N9A 6S1. THE LICENCE RENEWAL DEADLINE IS NOVEMBER 30 TH ANNUALLY. A 50% LATE PENALTY IS ADDED TO THE BUSINESS LICENCE FEE ON DECEMBER 1 ST . THE APPLICANT COULD FACE FURTHER							
PENALTIES/FINES FOR OPERATING WITHOUT A VALID BUSINESS LICENCE.							
NOTICE WITH RESPECT TO COLLECTION OF PERSONAL INFORMATION							
I acknowledge that the information requested on this form and any appendices attached are collected under the authority of the Municipal Act, City of Windsor Act, and City of Windsor Licensing By-law 137-2007 (amended by By-law 150-2018). This information is required in order to process, issue, monitor, regulate and investigate the various licenses issued by the Office of the City Clerk, Policy, Gaming & Licensing Division. The name and business address of the licensee is public information. Any other personal information collected will only be used for investigative purposes. Questions regarding this collection can be made to the Supervisor of Licensing, 350 City Hall Square W. Suite 110, Windsor, ON N9A 6S1, 519-255-6200.							
DATE (MM/DD/YY			SIGNATURE OF APPLICAL	NT & TITLE			

BY MAKING APPLICATION, I HEREBY ACKNOWLEDGE THAT I SHALL NOT COMMENCE OPERATION IN THE CITY OF WINDSOR UNTIL THE FORMAL LICENCE IS ISSUED TO ME.



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TOW TRUCK OWNER/VEHICLE OFFICE USE ONLY							
APPLICATION-PAGE 2							
I hereby make application under By-law 137-2007 (amended by By-law 150-2018) for a Tow Truck Owner/Vehicle Licence.							
BUSINE	SS NAME:						
BUSINE	SS ADDRESS:						
	LLOWING SECTION FO						
IF THE COMPANY IS INCORPORATED, PLEASE PROVIDE THE FOLLOWING: LETTERS OF INCORPORATION (NOTARIZED COPY IS ACCEPTABLE) LIST OF SHAREHOLDERS IF THE COMPANY IS A PARTNERSHIP, PLEASE PROVIDE THE FOLLOWING: A DECLARATION SIGNED BY ALL PARTNERS DECLARING THE FULL NAME OF EVERY PARTNER AND							
	THE ADDRESS OF TH		RESIDEN	ICE			
PLEASE COMPLETE THE FOLLOWING: WHERE DOES THE BUSINESS STORE OR PARK ITS TOW TRUCK VEHICLES?							
PARTIC	ULARS OF INSURANCI	E					
INSURANCE COMPANY			POLICY	NUMBER	R EXPIRATION DATE		
BY MAKING APPLICATION I ACKNOWLEDGE THAT: I SHALL NOTIFY THE LICENCE COMMISSIONER TEN DAYS PRIOR TO THE CANCELLATION AND/OR TRANSFER OF ANY INSURANCE POLICIES PERTAINED TO MY TOWING COMPANY OR ITS LISTED VEHICLES. VEHICLES LISTED ON THIS APPLICATION BELOW MEET ALL PROVINCIAL REQUIREMENTS. SIGNATURE:							
	JLE OF VEHICLES						
PLATE	TYPE OF VEHICLE	MAKE/MOI	DEL	YEAR	V.I.N.		PROVINCIAL PLATE #
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