



**OFFICE OF THE CITY CLERK**  
**Policy, Gaming & Licensing**  
 350 City Hall Square West – Suite 110  
 Windsor, ON N9A 6S1  
 Ph: (519) 255-6200, Opt.-1 Fax (519) 255-6868  
 www.citywindsor.ca

# TAXICAB DRIVER PHOTO REPLACEMENT APPLICATION

**REQUIRED:**     Case File Number                       Ontario Driver's Licence

**LICENCE FEE:**

<b>Replacement Photo ID</b>	<b>\$ 25.00</b>
<b>HST</b>	<b>\$ 3.25</b>
<b>TOTAL FEE</b>	<b>\$ 28.25</b>

**PLEASE PRINT CLEARLY**

<b>APPLICANT</b>	NAME:			
	ADDRESS:			
	CITY:	POSTAL CODE	HOME PHONE:	CELL PHONE:
<b>PERSONAL DATA</b>	DATE OF BIRTH: (MM/DD/YYYY)	WEIGHT:	HEIGHT:	COLOUR OF EYES:
	ONTARIO DRIVER'S LICENCE NUMBER:		EXPIRY:	CLASS:
<b>CASE FILE NO.</b>				

**NOTICE WITH RESPECT TO COLLECTION OF PERSONAL INFORMATION**

I acknowledge that the information requested on this form and any appendices attached is collected under the authority of the Municipal Act, City of Windsor Act and City of Windsor Public Vehicle By-law 137-2007 As Amended and will be maintained in accordance with the Municipal Freedom of Information and Protection of Privacy Act. The information is required in order to process, issue, monitor, regulate and investigate the various licenses issued by the Windsor Licensing Commission. The name is public information. Any other personal information collected will only be used for investigative purposes. Questions about this collection can be made to the Deputy Licence Commissioner, 350 City Hall Square West – Suite 110, Windsor, ON N9A 6S1 (519) 255-6200, Option 1.

I acknowledge that I shall not commence operation of a taxicab vehicle until the formal licence is issued to me.

\_\_\_\_\_  
 DATE (MM/DD/YYYY)

\_\_\_\_\_  
 SIGNATURE OF APPLICANT & TITLE