

# Application for Taxi Broker or Independent Taxi Broker License

HALIFAX

Applications can be submitted in person to an HRM Customer Service Centre

**Alderney Gate**

40 Alderney Drive, 1st Floor  
Dartmouth, NS B2Y 2N5

8:30 a.m. to 4:30 p.m. Monday to Friday

**Bayers Road Centre**

7071 Bayers Road, 2nd Floor - Suite 2005  
Halifax, NS B3L 4P3

8:30 a.m. to 4:30 p.m. Monday to Friday

More information is available on-line at [www.halifax.ca/taxi](http://www.halifax.ca/taxi)

## Broker or Independent Broker Application

New Application     Renewal    License Number: \_\_\_\_\_

### Section 1 – Applicant Information

Broker Application

Independent Broker Application

### 1A Corporate/Organization/Society as registered with NS Registry of Joint Stocks

Legal Name (*trade name not acceptable*):

Note if this is a Corporation or a Partnership:

Corporation:

Partnership:

### 1B Individual or Joint Names (*where there is more than one applicant*)

(Last Name)

(First Name)

(Address)

(Last Name)

(First Name)

(Address)

Taxi Owner License Number (*if applying for an Independent Broker license*)

### 1C Mailing Address

Civic Address

City:

Province:

Postal Code:

Phone Number:

Cell Phone Number:

Fax Number:

Email:

### 1D Principal Place of Business in Halifax (must be a street address or legal land location, not a box number This is where all records required by legislation are retained).

**NOTE:** If the address provided in Section 1D is not in Halifax and a Resident Agent or Representative in Halifax is retaining records on your behalf, please complete Section 1E.

Place of Business is same as  
mailing address

Civic Address:

City:

Province:

Postal Code:

Phone Number:

Cell Phone Number:

Fax Number:

## Section 4 – Declaration

### As the named person(s), corporate entity, organization, or society, as identified as the applicant in Section 1:

I/we acknowledge that an audit or investigation may be conducted on our operations at any time to measure our compliance to regulatory requirements. Should deficiencies be identified during the audit or investigation, I/we understand that intervention action(s) may be taken by the License Administrator.

I/we understand that we must inform the License Administrator of any changes to our operation.

I/we certify that the information disclosed is true and accurate at the time of application. Providing false or misleading information may result in: the refusal of this application; refusal of subsequent renewals; issuance and/or amendment of terms or conditions on your certificate of approval; and/or being charged with an offence(s) or issued an administrative penalty(s).

**Where the Certificate of Approval will show a corporate, society, or organization named (as identified in Section 1A), then the declaration must include the name(s) of an owner(s), manager(s), or director(s).**

**Where the Certificate of Approval will show an individual(s) named (as identified in Section 1B), the name(s) must be included in the declaration (i.e. John Smith or John Smith & Mary Smith).**

**Where the Certificate of Approval will show more than one name, then all names must be included in the declaration (i.e. John Smith or John and Mary Smith).**

***Annual Licensing fee of \$300.00 must be paid at time of application***

Name ( <i>Print last, first, middle names</i> ):	Position:	Phone:	Email:
Name ( <i>Print last, first, middle names</i> ):	Position:	Phone:	Email:
Name ( <i>Print last, first, middle names</i> ):	Position:	Phone:	Email:

Date:

*Note: Any personal information obtained for the purpose of processing applications is subject to Freedom of Information and Protection and legal disclosure. Questions regarding the collection of personal information may be directed to 902-490-7460 or by email to [accessandprivacy@halifax.ca](mailto:accessandprivacy@halifax.ca).*