



**Municipal Licensing and Standards**  
 Fiona Chapman  
 Director, Business Licensing and Regulatory  
 Services

**Marcia Stoltz**  
 Manager, Vehicle for Hire

**850 Coxwell Ave 3<sup>rd</sup> Floor**  
**Toronto, Ontario, M4C 5R1**  
 Fax: (416) 392-4515  
 accessibilityfundprogram@toronto.ca  
 www.toronto.ca/licensing

## 2023 ACCESSIBILITY FUND PROGRAM: DECLARATION FORM Taxicab Owner

### Applicant Information

Date: \_\_\_\_\_

Taxicab Owner Name: \_\_\_\_\_  
 (plate owner first and last name or corporation name)

Officer/Director Name (if corporate owner): \_\_\_\_\_  
 (first and last name)

I, \_\_\_\_\_, declare the following (or on behalf of  
 (first and last name)  
 my corporation):

1. Did **not** provide service under the Toronto Transit Commission Wheel-Trans Taxicab Service Contract in 2023.
2. MLS Licence Number: V \_\_\_\_\_ - \_\_\_\_\_
3. MLS Plate Number: \_\_\_\_\_
4. VIN: \_\_\_\_\_
5. Mailing Address: \_\_\_\_\_
- 5a. Contact email and phone number: \_\_\_\_\_
6. Type of Conversion (**circle one**): Side-entry                      or                      Rear-Entry
7. Drivers who have received accessibility training approved by MLS, and are affiliated with this taxicab:
  - Driver #1: First and Last Name: \_\_\_\_\_
  - MLS Licence No. (D01/D05): \_\_\_\_\_
  - Driver #2: First and Last Name: \_\_\_\_\_
  - MLS Licence No. (D01/D05): \_\_\_\_\_
8. Brokerage Name: \_\_\_\_\_
- 8a. Brokerage Officer First and Last Name: \_\_\_\_\_
- 8b. Brokerage Officer Signature: \_\_\_\_\_



**Municipal Licensing and Standards**  
 Fiona Chapman  
 Director, Business Licensing and Regulatory  
 Services

**Marcia Stoltz**  
 Manager, Vehicle for Hire

**850 Coxwell Ave 3<sup>rd</sup> Floor**  
**Toronto, Ontario, M4C 5R1**  
 Fax: (416) 392-4515  
 accessibilityfundprogram@toronto.ca  
 www.toronto.ca/licensing

**Service Standards – Incentive Grants**

9. Number of hours the taxicab was operating and available for hire: \_\_\_\_\_ in 2023

10. I have taxicab operator logs for the past 12 months that may be audited by MLS

**(circle one):** YES or NO

11. Wireless Point of Sale (POS) machine is available in 2023

**(circle one):** YES or NO

**Declaration:**

I, \_\_\_\_\_ declare that the information provided in  
 (first and last name)

this Form is true, accurate, and complete and that if I am submitting this declaration on behalf of a corporation, I have authority to do so. I am aware that Municipal Licensing and Standards may refuse or cancel funding if the taxicab owner does not meet the eligibility criteria or service standards as set out, if false or misleading information is provided, or if funding was granted due to a technological or clerical error. If funding was granted due to incomplete or inaccurate information or due to a technological or clerical error, the Municipal Licensing and Standards may recover any funds disbursed or require repayment of funds before any licence may be issued or renewed in the future. If the taxicab owner was not properly eligible and received funds based on incomplete or inaccurate information provided, **then the taxicab owner will not be eligible to reapply to the Accessibility Fund Program for two years.**

**Signature of Applicant:** \_\_\_\_\_

This form can only be signed by a corporate officer or director. Signing authorities for corporations **cannot** sign this form.