

Taxicab Owner 2024 Accessibility Fund Program Declaration

Municipal Licensing And Standard Business Licence and Regulatory Service 850 Coxwell Ave. 3rd FI Toronto, Ontario, M4C 531 Fax: (416)392-4515

accessibilityfundprogram@toronto.ca

www.toronto.ca/afp

ALL FIELDS MUST BE COMPLETED OR THE APPLICATION WILL BE REFUSED

Date:	_		
Applicant's Name:			
	(Officer/Director's name if	corporate owner)	
MLS Taxi Owner's Licence Numbe	r: V1248765		MLS Taxi Plate No: 1234
VIN: 1HGBH41JXMN09186			Side-entry or Rear-entry
Mailing Address: 1234 Espress			
Contact email and phone number	smith.joe@espresso	otown.com 416-5	55-4102
Espresso Taxi	Johnny Espresso		Johnny Espresso
Brokerage Name	Brokerage Name Brokerage Officer (First & Last Name)		Signature
Please list all drivers that are affiliated with this taxicab and have received accessibility training approved by MLS			
Driver #1:		MIC Vahiala Far	Uiro Licenso No. D 01 12348765
(First and Last	Name)	_ IVILS VEHICLE-FOI-	Hire Licence No. <u>D</u> 01 ₋ 12348765
Driver #2:	r #2: Joey Smith MLS Vehicle-For-Hire Licence No.: D 01 87651234		
(First and Last N	iame)		
ALL questions below must be answ			422
1. How many hours were you operating and available for dispatch in 2024: $\frac{432}{1}$			
2. Do you have taxicab operator logs for the past 12 months that may be audited by MLS. Yes No			
3. Wireless Point of Sale (POS) was available in 2024			
<u>Declaration:</u>			
_{ı,} Joe Smith		declare the foll	owing:
Taxicab Service Contract in 20 2. That this form is true, accurate have authority to do so. I am the eligibility criteria or service granted due to a technological to a technological or clerical crepayment of funds and the 1	accessible taxicab for a taxion 224. Ite, and complete and that if aware that Municipal Licens alor clerical error. If funding error, then Municipal Licens exicab owner will not be elected accessibility Fund Program, it is ole discretion from time to endead.	I am submitting this of sing and Standards may see or misleading information was granted due to iting and Standards maigible to reapply to the ncluding its eligibility	the Toronto Transit Commission Wheel-Trans declaration on behalf of a corporation, I say refuse or cancel funding if I do not meet mation is provided, or if funding was not not not not not not due y recover any funds disbursed or require the Accessibility Fund Program for two criteria, may be amended, suspended or
Signature of Applicant:	Sign or type your name above - M	fust he signed by Licence h	older Cornorate Officer/Director

As mandated by the Municipal Freedom of Information and Protection of Privacy Act, sections 2(2.1) and 2(2.2), the business information collected in this application form will be maintained as a business record. Information associated with an individual in a professional, business, or official capacity is not personal information. Business information may be publicly available. Any question regarding the collection of your information may be directed to the Manager of Licensing Services, 850 Coxwell Ave., 3rd floor, Toronto, M4C 5R1 or by contacting 416-392-3071