



Municipal Licensing And Standard
Business Licence and Regulatory Service

Vehicle For Hire Driver 2024 Accessibility Fund Program Declaration

850 Coxwell Ave. 3rd Fl
Toronto, Ontario, M4C

Fax: (416)392-4515
accessibilityfundprogram@toronto.ca
www.toronto.ca/afp

ALL FIELDS MUST BE COMPLETED OR THE APPLICATION WILL BE REFUSED

Date: May 27, 2025

Applicant's Name: John Smith

MLS Licence Number: D0 01 - 12348765

Mailing Address: 1245 Espresso Town, Toronto, ON M1R32R

Contact email and phone number: smith.john@espressotown.com 416-555-4102

Taxicab Owner Licence No: V0 00 - 12348765 MLS Taxi Plate No: 1234

Taxicab Owner First and Last Name: Joe Smith

Taxicab Owner Signature: Joe Smith

ALL questions below must be answered:

1. Number of hours you were operating and available for dispatch: 432 in 2024
2. I accepted all wheelchair accessible vehicle trips dispatched by a brokerage, save for any requests for service refused in accordance with section 546-100 of Chapter 546 ☒ Yes ☐ No
3. I have taxicab operator logs for the past 12 months that may be audited by MLS ☒ Yes ☐ No

Declaration

I, John Smith declare the following:
(First and Last name of Licence Holder)

1. Did **not** provide service in an accessible taxicab for a taxicab brokerage under the Toronto Transit Commission Wheel-Trans Taxicab Service Contract in 2024.
2. That this form is true, accurate, and complete. I am aware that Municipal Licensing and Standards may refuse or cancel funding if I do 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, then Municipal Licensing and Standards may recover any funds disbursed or require repayment of funds before any licence may be issued or renewed in future. If I was not properly eligible and received funds based on incomplete or inaccurate information provided, **then I will not be eligible to reapply to the Accessibility Fund Program for two years.**

Signature of Applicant: John Smith
Sign or type your name in the box above