



Taxicab Owner 2024 Accessibility Fund Program Declaration

Municipal Licensing And Standard
Business Licence and Regulatory Service

850 Coxwell Ave. 3rd Fl
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 Number: V _____ - _____ MLS Taxi Plate No: _____

VIN: _____ Type of Conversion: Side-entry or Rear-entry
(Select one)

Mailing Address: _____

Contact email and phone number: _____

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: _____ MLS Vehicle-For-Hire Licence No. D _____ - _____
(First and Last Name)

Driver #2: _____ MLS Vehicle-For-Hire Licence No.: D _____ - _____
(First and Last Name)

ALL questions below must be answered:

- How many hours were you operating and available for dispatch in 2024: _____
- Do you have taxicab operator logs for the past 12 months that may be audited by MLS. **Yes** **No**
- Wireless Point of Sale (POS) was available in 2024 **Yes** **No**

Declaration:

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

- Did **not** provide service in an accessible taxicab for a taxicab brokerage under the Toronto Transit Commission Wheel-Trans Taxicab Service Contract in 2024.
- That 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 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 and **the taxicab owner will not be eligible to reapply to the Accessibility Fund Program for two years**. I understand that the Accessibility Fund Program, including its eligibility criteria, may be amended, suspended or terminated by the City in its sole discretion from time to time.

Signature of Applicant: _____
Sign or type your name above – Must be signed by Licence holder, Corporate 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