



Taxicab Owner 2025 Accessibility Fund Program Application

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 Information:

_____	_____	_____
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:

1. Was your taxicab available for wheelchair accessible service for at least 432 hours in 2025? ☐ Yes ☐ No
2. Do you have taxicab operator logs for the past 12 months that may be audited by MLS? ☐ Yes ☐ No
3. Was a Wireless Point of Sale (POS) available in 2025? ☐ Yes ☐ No
4. Was a newly converted accessible vehicle registered with MLS in 2025? ☐ Yes ☐ No

Declaration:

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

1. I did **not** provide service in an accessible taxicab for a taxicab brokerage under the Toronto Transit Commission Wheel-Trans Taxicab Service Contract in 2025.
2. 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 applicable eligibility criteria or service standards, 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