



APPLICATION

Company Information

Check One: Individual <input type="checkbox"/>	Check One: Renewal <input type="checkbox"/>
Corporation <input type="checkbox"/>	New <input type="checkbox"/>
Partnership <input type="checkbox"/>	

Name of Company (Registered and Operating as)

Business Address (Street number and name)

City	Postal Code
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Telephone Number	Fax Number
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E-mail Address

Main Contact for Company	Phone Number
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Compound Address

Compound Property Owner	Phone Number
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Liability Insurer	Policy Number
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Automobile Insurer	Policy number
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Commercial Vehicle Operators Registration Number	Expiry
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APPLICATION

I hereby verify that the information provided herein is true and by signing this application I agree to conform to all applicable laws, I understand that failing to do so may result in fines or revocation of my licence.

Signature of Company Owner/ Authorized Agent

Date

Received By

Date

Personal information contained on this form is collected pursuant to *The Municipal Freedom of Information and Protection of Privacy Act*, and will be used for the purpose of Dog Licensing and Canine Control. Questions about this collection should be directed to the FOI Coordinator, The Corporation of the Township of Oro-Medonte, 148 Line 7 South, Oro-Medonte, Ontario L0L 2E0



APPLICATION

Business/Tow Truck Information			
Name of Company (Registered and Operating as)			Check one: Renewal _____ New _____ Transfer _____
Business Address (Street number and name)			
City	Postal Code	Telephone	Fax
E-mail Address			
Tow Truck Registered Owner		Tow Truck Owner Main Contact	
Leasing Company		Leasing Company Telephone	
Year/Make	Model	Color	
VIN	ON Plate	Township Plate	
Date of MTO Annual Inspection	Business Name of MTO Annual Inspection Station		
Insurance Provider	Policy Number	Phone Number	

I hereby verify that the information provided herein is true and by signing this application I agree to conform to all applicable laws, I understand that failing to do so may result in fines or revocation of my licence.

Signature of Tow Truck Owner

Date

Received By

Date



APPLICATION

Business/Tow Truck Driver Information

Name of Company (Registered and Operating as)	Check one: Renewal _____ New _____
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Business Address (Street number and name)

City	Postal Code	Telephone	Fax
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E-mail Address

Tow Truck Driver's Name	Tow Truck Driver's Phone Number
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Tow Truck Driver's Address	City/Town
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Tow Truck Driver's Phone Number	Tow Truck Driver's Email
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Licence Class	Expiry
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I hereby verify that the information provided herein is true and by signing this application I agree to conform to all applicable laws, I understand that failing to do so may result in fines or revocation of my licence.

Signature of Tow Truck Owner

Date

Received By

Date