202- 940 BLANSHARD STREET • PO BOX 9850 STN PROV GOVT • VICTORIA BC V8W 9T5

Municipal Notice | Taxi Applications PT Board Form 4

About this Form:

The form has 2 pages. It must be completed by:
- ✓ **Licensees** applying to operate taxis in a new municipality (see **Part 1**)
- ✓ **Licensees** applying to add more taxis to their fleet (see **Part 1**)
- ✓ **New applicants** applying to start a taxi service (see **Part 2**)

Applicants must:
(a) send completed forms to each municipality where they are licensed or seek a licence to pick up passengers, and
(b) include copies of completed forms in their application package.

Note: The Passenger Transportation Board sends applicants a copy of any negative comments it receives from a municipality. Applicants have an opportunity to comment.

NOTICE

To: Chief Administrative Officer

_____   _____

Name of Municipality   *Date*

Please be advised that the Licensee or New Applicant listed on page 2 of this Notice is applying to the Passenger Transportation Board to provide taxi service in your municipality.

A municipality may send comments about this application or taxi services in general to the Passenger Transportation Board by:

Fax: (250) 953-3788

E-mail: ptboard@gov.bc.ca

Mail: PO Box 9850 STN PROV GOVT
              Victoria British Columbia V8W 9T5

We recommend that municipalities comment **within 30 days** of receipt of this notice. This should ensure that comments are received on time.

After an applicant sends its municipal notices and submits its application, the Board publishes the application in the Board's "Weekly Bulletin." Bulletins are published on Wednesdays. They may be viewed online at: http://www.th.gov.bc.ca/ptb/bulletins.htm. The Board will consider any comments received up until 10 days after publication in the "Weekly Bulletin".

To confirm whether the comment period is still open, municipal representatives can call the Board office at 250-953-3777 or email ptboard@gov.bc.ca.

Part 1: To be completed by PT Licensees

Licensee

Legal Name: _____

Trade Name: _____

PT Licence Number: _____

Operating Area (check one)

☐ I operate in this municipality _____

☐ I am applying to operate in this municipality _____

My total originating area is: _____

Fleet Size (Taxis only)

What is the maximum number of taxis you can operate in this municipality now?	_____
How many accessible taxis do you operate in this municipality now?	_____
How many taxis do you want to operate in this municipality?	_____
How many taxis will be wheelchair accessible taxis?	

Part 2: To be completed by new applicants

Applicant

Legal Name: _____

Trade Name: _____

Fleet Size Requested

Number of Conventional Taxis:	_____
Number of Wheelchair Accessible Taxis:	_____

Operating Area

The originating area I'm applying for is:
(*please list all municipalities and areas*)