

# Licence Renewal Application

Transportation and Works Department  
 Enforcement Division, Mobile Licensing  
 3235 Mavis Road, Ground Floor  
 Mississauga ON L5C 1T7  
 Phone: 905-615-4311 Fax No. 905-615-4486  
 Hours: 8:30 am to 4:00 pm, Monday to Friday  
 www.mississauga.ca/enforcement



Personal information on this form is collected under the authority of sections 11, 150, 151, and 156 of the *Municipal Act 2001*, and City of Mississauga By-Law #420-04, as amended. The information will be used to license, regulate and govern owners and drivers of businesses licenced under the mobile licensing laws. Questions regarding the collection of this information should be directed to the Manager, Mobile Licensing Enforcement, 905-615-3200 ext. 5648.

## Licence & Applicant Information

Type of Licence		
Applicant: Last Name	First Name	Middle Initial(s)
Company Name		
Address		Apt./Unit #
City	Postal Code	Phone #
Cell #	Email Address	

## Details

Date of Birth (YYYY/MM/DD)	Provincial Driver's Licence No.	<input type="text"/>
Company Driving for:	Plate No.	<input type="text"/>
Are there any unpaid outstanding judgements against you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, give full particulars: _____		
Have you been convicted of any offences under:		
(a) Federal Law (eg. Criminal Code of Canada) for which a pardon has not been granted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Provincial Law (eg. Highway Traffic Act?)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Municipal By-Law (eg. Public Vehicle Licensing, Parking, Zoning)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Any law of any country	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, give full particulars: _____		
Is your Ontario Licence current and valid?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## To be completed by Owners and Lessees Only

Since the last licence was issued, are you:		
(a) A discharged or undischarged bankrupt?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Presently a party to bankruptcy proceedings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Involved as an officer, director or majority shareholder with a corporation that is bankrupt or is presently a party to bankrupt proceedings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes to any of the above questions, give full particulars including dates: _____		

Signature of Applicant	Date (YYYY/MM/DD)
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**CAUTION: Any applicant who gives false information in this application may have any issued licence revoked or suspended and could be subject to further legal proceedings.**

Office use only	<input type="text"/>	<input type="text"/>
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