



## 2026 Taxi License Checklist for Vehicles

The following is required by the Municipality of Brockton as per **By-Law 2005-25, By-Law 2006-12, and By-Law 2024-089** to issue a Taxi License:

- ☐ Complete Applications for a Taxicab/Limousine Vehicle License (Schedule E to By-Law 2005-25) (Annually)
- ☐ Provide Safety Certificate to Municipality of Brockton (Annually)
- ☐ Provide Insurance Certificate to Municipality of Brockton (Annually)

Fees:

- ☐ First Vehicle \$79.00 (\$157.50 after April 1)
- ☐ Each Additional Vehicle \$37.00 (\$73.50 after April 1)
- ☐ Accessibility Sticker Displayed on Bumper \$31.50

**\*Fees are effective as of February 1, 2026 as per By-Law 2025-069 – 2026 Fees and Charges**

Only Taxi License Applications submitted with complete paperwork and all necessary documents will be accepted.

Complete **applications will be processed within one week** of receipt.

If you have any questions regarding Taxi Licensing please contact the Clerk's Department:

Sarah Johnson, Deputy Clerk

519-881-2223 Ext. 159 or [sjohnson@brockton.ca](mailto:sjohnson@brockton.ca)

Fiona Hamilton, Clerk

519-881-2223 Ext. 124 or [fhamilton@brockton.ca](mailto:fhamilton@brockton.ca)

**Schedule E to By-Law 2005-25**

**Application for a Taxicab/Limousine Vehicle License**

Name of Registered Owner of Vehicle: \_\_\_\_\_

Mailing Address of Owner: \_\_\_\_\_  
\_\_\_\_\_

If a partnership or corporation, state the above in respect of all principals. If a lease vehicle, state Lessee’s name and address.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

License # of Vehicle: \_\_\_\_\_

Serial # of Engine: \_\_\_\_\_

Year: \_\_\_\_\_

Model: \_\_\_\_\_

Make: \_\_\_\_\_

Colour: \_\_\_\_\_

Odometer reading: \_\_\_\_\_

Insurer: \_\_\_\_\_

Agency: \_\_\_\_\_

Address of Agency: \_\_\_\_\_

Expiry Date of Insurance: \_\_\_\_\_

Agency Telephone: \_\_\_\_\_

Safety Standard Certificate Number: \_\_\_\_\_

Has this vehicle ever been involved in a motor vehicle accident? \_\_\_\_\_

_____ Signature of Applicant	_____ Date	_____ Signature of Clerk	_____ Date
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