## Application for Transportation Network Company (TNC) License

ΗΛLΙΓΛΧ

For the purpose of connecting passengers with TNC drivers to provide pre-arranged transportation services

**NOTE:** A TNC must ensure that its transportation network drivers do not solicit, accept or transport passengers other than through the use of a transportation network (i.e. street hails are not permitted)

Applications can be submitted in person to an HRM Customer Service Centre

Alderney Gate 40 Alderney Drive, 1st Floor Dartmouth, NS B2Y 2N5 8:30 a.m. to 4:30 p.m. Monday to Friday

Bayers Road Centre 7071 Bayers Road, 2nd Floor - Suite 2005 Halifax, NS B3L 4P3 8:30 a.m. to 4:30 p.m. Monday to Friday

Applications can also be submitted to taxilicenceoffice@halifax.ca

More information about Transportation Network Companies is available on-line at www.halifax.ca/taxi



### Transportation Network Company (TNC) Application for a license.

New Application	Renewal	License Number:	for office use only				
Section 1 – Applicant Information							
Complete <b>only one</b> of the following 1A or 1B with the name(s) that appear or will appear on the name of the Transportation Network Company:							
1A Corporation Name as registered with NS Registry of Joint Stocks							
(must provide letters of incorporation or other incorporating documents, duly certified by the proper government official or department of the Province of Nova Scotia or the Government of Canada)							
Legal Name (trade name not acceptable):							
1B Individual or Names of members in partnership (If the applicant is a partnership)							
(Last Name) (First I	Name)	(Address)					
(Last Name) (First I	Name)	(Address)	-				
Name under which the partnership intends to carry on business (if the applicant is a partnership)							
1C Mailing Address							
Civic Address							
City:	Province:		Postal Code:				
Phone Number:	Cell Phone	Number:	Fax Number:				
Email:							
1D Principal Place of Business in Halifax (must be a street address or legal land location, not a post office box This is where all records required by legislation are retained).							
<u>NOTE:</u> If the address provided in Section 1D is <u>not in Halifax</u> and a Resident Agent or Representative in Halifax is retaining records on your behalf, please complete Section 1E.							
Street/Legal Land Location:							
City:	Prov	ince:	Postal Code:				
Phone Number:		Phone Number:	Fax Number:				
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1E Representative or Resident Agent Information							
Name of the Transportation Network Company's Resident Agent or Representative in Halifax:							
(Last Name)	(First Name) (Add	ress)					
Where Representative is a Corporate/Organization/Society, as registered with NS Registry of Joint Stocks   Legal Name (trade name not acceptable):   Principal Place of Business (must be a street address or legal land location, not a post office box number)							
City:	Province:	Postal Coo	de:				
Phone Number:	Cell Phone Number:	Fax Numb	er:				
Email:							
Mailing Address (if different from	n above):						
City:	Province:	Postal Coo	le:				
Phone Number:	Cell Phone Number:	Fax Numb	er:				
Section 2 – Operational I	nformation						
2A Trade Name							
Does the applicant operate u	nder a trade name? (operating as/doingbusiness as)	Yes	Νο				
Trade Name							
2B Transportation Netv	vork Drivers in Halifax						
Provide the approximate number of drivers currently operating for the TNC: 1-10:\$2,000 11-25: \$5,000 26-100: \$15,000 100+ : \$25,000							
2C Confirmation of Re	quired Policies						
1. I/We confirm that the TNC has written policies implemented to ensure compliance with the requirements of the T-1000 By-law (e.g. Class 4 driver license, criminal record check, driver abstract, child abuse registry check, etc.). Yes No							
	and understood the requirements of the T-1000 By-law ation Network Company regulations.	Yes	No				

### Section 3 – Insurance Information

The TNC is responsible to ensure that its transportation network drivers and the transportation network automobiles they operate are covered by a motor vehicle liability policy and/or a transportation network automobile insurance policy, at all times that the drivers and the automobiles provide transportation network services.

1. We confirm that a SPF No. 9 - Transportation Network for Nova Scotia Automobile	Yes	No
Policy is held by the TNC identified in Section 1, and a copy is provided along with this		
application (either in hardcopy or electronic format).		

#### Section 4 – Declaration

# As the named person(s), corporate entity, organization, or society, as identified as the applicant in Section 1:

I/we acknowledge that an audit or investigation may be conducted on our operations at any time to measure our compliance to regulatory requirements. Should deficiencies be identified during the audit or investigation, I/ we understand that intervention action(s) may be taken by the License Administrator.

I/we understand that we must inform the License Administrator of any changes to our operation.

I/we certify that the information disclosed is true and accurate at the time of application. Providing false or misleading information may result in: the refusal of this application; refusal of subsequent renewals; issuance and/or amendment of terms or conditions on your certificate of approval; and/or being charged with an offence(s) or issued an administrative penalty(s).

Where the Certificate of Approval will show a corporate, society, or organization named (as identified in Section 1A), then the declaration must include the name(s) of an owner(s), manager(s), or director(s).

Where the Certificate of Approval will show an individual(s) named (as identified in Section 1B), the name(s) must be included in the declaration (i.e. John Smith or John Smith & Mary Smith).

Where the Certificate of Approval will show more than one name, then all names must be included in the declaration (i.e. John Smith or John and Mary Smith).

Name (Print last, first, middle names):	Position:	Phone:	Email:
Name (Print last, first, middle names):	Position:	Phone:	Email:
Name (Print last, first, middle names):	Position:	Phone:	Email:

Date:

In accordance with Section 485 of the Municipal Government Act (MGA), the personal information collected on this form will only be used by municipal staff and, if necessary, individuals under service contract with the Halifax Regional Municipality for purposes relating to the processing of your application and issuance/management of the Broker or Transportation Network License. If you have any questions about the collection and use of this personal information, please contact the Access and Privacy Office at 902-490-7460 or accessandprivacy@halifax.ca