



**City of Thorold**  
 3540 Schmon Parkway,  
 Thorold, Ontario L2V 4A7  
 Phone: 905-227-6613 Fax: 905-227-8137  
 www.thorold.ca

## Inoperative Motor Vehicle Permit Application

For Use by Municipality	
Permit Number:	Tax Roll Number:
inspection information:	
Inspection Conducted by: _____ date: ___/___/___	Fee Paid: \$ _____ . ____
Permit Issued by: _____ date: ___/___/___	
Anniversary / Expiry date: ___/___/___	

Date Received

\_\_\_\_\_

A) Vehicle Information		
Address of Vehicle		
Building Number	Street Name	
Permit Type		
<input type="checkbox"/> Special Interest Vehicle (see criteria on reverse) <input type="checkbox"/> Work In Progress (maximum 6 month duration)		
Vehicle Details		
Make	Model	Year
_____	_____	_____

B) Applicant Information    Applicant is: <input type="checkbox"/> Owner or <input type="checkbox"/> Tenant			
Last Name	First Name	Company or Corporation	
Building Number	Street Name	Unit Number	Lot/con.
Municipality	Province	Postal Code	
Telephone Number	Cell Phone Number	Email Address	
_____	_____	_____	

C) Owner Information (if different from Applicant)			
Last Name	First Name	Company or Corporation	
Building Number	Street Name	Unit Number	Lot/con.
Municipality	Province	Postal Code	
Telephone Number	Cell Phone Number	Email Address	
_____	_____	_____	

D) Applicant Declaration	
I, the Applicant declare that the information contained in this application and attached documentation is true to the best of my knowledge.	
_____ (date)	_____ (signature)