

City of Niagara Falls



Office of the City Clerk

APPLICATION FOR SIGHTSEEING TOUR
Attendant \$50.00 Driver/Guide \$60.00

AGENCY NAME(S): _____

Are you employed with more than one agency? _____ PLEASE LIST AGENCY NAME(S) BELOW:

The undersigned respectfully asks that a License be granted for: (Please circle one) ATTENDANT or DRIVER GUIDE subject to all the laws, ordinances and rules of the City or State relating thereto and now in force or hereafter to be put in force.

Are you a U.S. Citizen? _____

Date _____ Telephone Number (____) _____

Name _____

Mailing Address _____

Applicant Signature _____

<u>Office Use Only</u>		
Date Issued:	_____	
Employed by an Agency that is currently licensed:	Y	N
Proof of Sightseeing Examination or Previously license:	Y	N
Copy of Drivers License or Non Drivers I.D. Attached:	Y	N
Current N.F.P.D. Police Record Check Attached: (Can't Have a Felony Conviction in last 10 years)	Y	N
Applicant Used Remote Option:	Y	N