



APPLICATION FOR HACKNEY CARRIAGE VEHICLE LICENCE

Data protection: We will use the information supplied by you and/or obtained on your behalf for the purpose of licensing and enforcement. This information may be used internally and shared with other bodies administering public funds to prevent and detect crime and fraud and to apprehend offenders. Information held about you will not be released to other third parties unless it is shown that they are entitled to the information by law.

**PLEASE COMPLETE THE FORM IN BLOCK CAPITALS, USING BLACK INK ONLY.
THIS FORM WILL BE RETURNED IF YOU DO NOT ANSWER ALL QUESTIONS.**

Details of person applying for the vehicle licence.

Family name:

First name(s):

Home address:

..... Post Code.....

National Insurance number: Date of birth (dd/mm/yy)

Home telephone: Mobile:

Are you the sole proprietor of the vehicle: (Answer yes or no)

If no, give name, address and telephone number of co-owner:

.....
.....

Have you, or the co-owner been refused a hackney carriage licence by another authority:

Vehicle details

Make: Model:

Colour:..... Registration number:

Number of Passenger seats: Engine size:

Address where vehicle is kept when not in use:

.....

Wheelchair compliant: Rear loading:

Meter fitted: (Answer yes or no to these questions)

Year and month of first registration (must be brand new).....

Please continue overleaf

Name of insurance company:..... Policy number:

Address of insurance company:

Full passenger liability: (Answer yes or no)

Is this vehicle licensed with another authority:..... (Answer yes or no)

If yes, with which authority:.....

Business details

Name of business (for example "XYZ Cabs"):

Address of business:

Business telephone number(s):.....

Are there more than one hackney carriages involved in the business:..... (Answer yes or no)

If Yes, give plate numbers of the other hackney carriages involved:

I Enclose the following: ✓

Vehicle registration document (or, if recently acquired, proof of purchase)	
Inspection certificate and MOT from one of the Council's approved garages (completed within the last three weeks)	
Certificate of insurance	
Current Fee (Cheques made payable to Warwick District Council.)	

There will be no refunds for any surrendered or unused time

NB. Hackney carriages require an MOT test on the anniversary of first registration and annually thereafter.

I declare that the information given by me in this application is correct to the best of my knowledge and belief and I understand that, if my circumstances change or any information supplied as part of this application changes before I am granted a licence, I MUST inform the licensing section at Warwick District Council, in writing, immediately of the changes. I further declare that I am the owner or co-owner of the above vehicle.

By signing this form, I agree to be bound by all regulations, conditions and bye laws applicable to hackney carriages whilst using the vehicle licensed by Warwick District Council.

Anyone who knowingly makes a false declaration is liable to prosecution.

Applicants signature:

Date signed:

Present this form to the reception at Warwick District Council, Riverside House. Milverton Hill, Leamington Spa. CV32 5HZ between the hours of 10.00am to 12.00 noon and 2.00pm to 4.00pm