

APPLICATION FOR PRIVATE HIRE 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.

The application process will not commence until all relevant documents have been received and this form is completed fully and correctly.

THIS FORM WILL BE RETURNED IF YOU DO NOT ANSWER ALL QUESTIONS.

I hereby	apply	for (p	lease	tick as	appro	priate)
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Make:	Private Hire	Private Hire (with Plate Exemption)			
Colour: Registration number: Number of Passenger seats: Engine size: Year and month of first registration	Vehicle details				
Number of Passenger seats: Engine size: Year and month of first registration	Make:	Model:			
Year and month of first registration	Colour:	Registration number:			
Address where vehicle is kept when not in use:	Number of Passenger seats:	Engine size:			
Side Loading Wheelchair accessible? (Yes or No)	Year and month of first registration				
Details of company or person applying for the licence (please enter the company OR your personal name whichever is applicable) Company Name: Company address: Company telephone: Contact email address: OR Family name: Post Code Mobile: Post Code National Insurance Number: Date of Birth (dd/mm/yyyy): Name of insurance company: Policy number:	Address where vehicle is kept when not in u	use:			
Company Name:	Side Loading Wheelchair accessible? (Yes or	r No)			
Company address:	Details of company or person applying for	the licence (please enter the company OR your perso	onal name whichever is applicable)		
Company telephone: Mobile: Contact email address:	Company Name:				
Company telephone: Mobile: Contact email address:	Company address:				
Contact email address: OR Family name: Home address: Post Code Home telephone: Mobile: National Insurance Number: Date of Birth (dd/mm/yyyy): Contact email address: Name of insurance company:					
OR Family name:	Company telephone:	Mobile:			
Home address:	Contact email address:				
Home telephone: Mobile: National Insurance Number: Date of Birth (dd/mm/yyyy): Contact email address:	OR Family name:	First name(s):	·····		
Home telephone: Mobile: National Insurance Number: Date of Birth (dd/mm/yyyy): Contact email address: Date of Birth (dd/mm/yyyy): Name of insurance company:	Home address:				
National Insurance Number: Date of Birth (dd/mm/yyyy): Contact email address:		Post Code			
Contact email address: Name of insurance company: Policy number:	Home telephone:	. Mobile:			
Name of insurance company:	National Insurance Number:	Date of Birth (<i>dd/mm/yyyy</i>):			
	Contact email address:				
	Name of insurance company:	Policy number:			
Address of insurance company.					
Expiry date:					

Full passenger liability: (Answer yes or no)		
Do you work for a company: (Answer yes or no)		
Own Trading name or trading name of company you work for:		
Address of business:		
Business telephone number:		
Business email address:		
Are there more than one vehicle involved in the business:		
If Yes, give plate numbers of the other hackney carriages involved:		
I enclose the following:		

Certificate of insurance	
Inspection certificate and MOT from one of the Council's approved garages (completed within the last four weeks)	
Vehicle registration document (or, if recently acquired, proof of purchase)	
Current Fee (pay online <u>www.warwickdc.gov.uk/licensing</u>)	

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There will be no refunds for any surrendered or unused time.

NB. Hackney carriages require an MOT/Inspection test at first licensing and then at least on the anniversary of first registration and annually thereafter.

I declare that I have checked the information given on this form and that to the best of my knowledge and belief it is correct.

I undertake to comply with the relevant legislation and application procedures administered by Warwick District Council and to immediately notify the Council, in writing, within 7 days of changes in my personal/business circumstances, including any accidents and medical conditions.

By signing this form, I agree to be bound by all regulations and conditions 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 signatu	ıre:
Print name:	
Position in compa	ny (if applying as a company)
Date signed:	