 **Local Government (Miscellaneous Provisions) Act 1976**

**Town Police Clauses Act 1847**

**Application to renew a hackney carriage vehicle licence**

|  |
| --- |
| **SECTION 1 - LICENCE DETAILS** |

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | Licence Number |  |  |

|  |
| --- |
| **SECTION 2 - VEHICLE DETAILS** |

|  |  |  |  |
| --- | --- | --- | --- |
| **2** | Registration number |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **3** | Make and Model |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **4** | Colour |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **5** | Engine number |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **6** | Chassis number |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **7** | Number of passengers (excluding driver seat) |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **8** | Has this vehicle ever been involved in an accident or recorded as an “insurance write off”? If yes, please provide full details on a separate sheet. |  | **Yes  No** |

|  |  |  |  |
| --- | --- | --- | --- |
| **9** | Is this vehicle wheelchair accessible (i.e. adapted or designed to carry at least one wheelchair user whilst in their wheelchair)? |  | **Yes  No** |

|  |
| --- |
| **SECTION 3 – PROPRIETOR DETAILS** |

|  |  |  |  |
| --- | --- | --- | --- |
| **10** | Proprietor Status |  | **Single individual (Please complete Part A)**  **Multiple individuals (Please complete Parts A and B)**  **Company (Please complete Part C)** |

**PART A - FIRST INDIVIDUAL PROPRIETOR**

|  |  |  |  |
| --- | --- | --- | --- |
| **11** | Name |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **12** | Address |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **13** | Date of birth |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **14** | Telephone/email |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **15** | Are you the sole proprietor of the vehicle? |  | **Yes  No\*** |

|  |  |  |  |
| --- | --- | --- | --- |
| \* If no, the second proprietor must complete Part B below. If there are more than two proprietors, please use a separate sheet. | | | |
| **16** | Have you been convicted or cautioned for any motoring or criminal offence in the last 4 years? If yes, please provide details below. Use a separate sheet if necessary. |  | **Yes  No** | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Date | Offence | Court | Sentence |
| i |  |  |  |  |
| ii |  |  |  |  |
| iii |  |  |  |  |

**PART B - SECOND INDIVIDUAL PROPRIETOR**

|  |  |  |  |
| --- | --- | --- | --- |
| **17** | Name |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **18** | Address |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **19** | Date of birth |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **20** | Telephone/email |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **21** | Have you been convicted or cautioned for any motoring or criminal offence in the last 4 years? If yes, please provide details below. Use a separate sheet if necessary. |  | **Yes  No** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Date | Offence | Court | Sentence |
| i |  |  |  |  |
| ii |  |  |  |  |
| iii |  |  |  |  |

**PART C - COMPANY PROPRIETOR**

|  |  |  |  |
| --- | --- | --- | --- |
| **22** | Registered Name |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **23** | Registered Address |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **24** | Company Reg Number |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **25** | Contact Name |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **26** | Telephone/email |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **27** | Are you the sole proprietor of the vehicle? |  | **Yes  No\*** | |
| \* If no, any other proprietor(s) must complete Part A and/or Part B. Please use a separate sheet if necessary. | | | |
| **28** | Has the company secretary, any director or any other officer of the company been convicted or cautioned for any motoring or criminal offence in the last 4 years? If yes, please provide details below. Use a separate sheet if necessary. |  | **Yes  No** | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Date | Offence | Court | Sentence |
| i |  |  |  |  |
| ii |  |  |  |  |
| iii |  |  |  |  |
| **SECTION 4 – DECLARATION AND SIGNATURE**  **To be completed by all persons named on the application form. In the case of a company proprietor, the form should be signed by an authorised officer of the company.** | | | | |

I hereby declare that the above information is true to the best of my knowledge and that all vehicle documents are up to date (V5 registration, MOT, compliance and insurance).

I understand that it is a criminal offence to make a false statutory declaration.

|  |  |  |  |
| --- | --- | --- | --- |
| **29** | Signature |  |  |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **30** | Name (please print) |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **31** | Date of signature |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **32** | Signature |  |  |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **33** | Name (please print) |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **34** | Date of signature |  |  |

Please return this form via email to [licensing@richmondshire.gov.uk](mailto:licensing@richmondshire.gov.uk) together with the following forms:

Vehicle Registration Document

Compliance/MOT Certificate

Valid Insurance Certificate

Alternatively you may return the form to one of Richmondshire District Council’s community offices

* Mercury House, Station Road, Richmond, North Yorkshire DL10 4JX
* Colburn community office, Colburn library and information centre, The Broadway, Colburn, North Yorkshire DL9 4RF
* Leyburn community office, Thornborough Hall, Leyburn, North Yorkshire  
  DL8 5AB
* Reeth community office, Hudson House, Anvil Square, Reeth, North Yorkshire  
  DL11 6SZ
* Upper Wensleydale community office, Community resource centre, The Neukin, Hawes, North Yorkshire DL8 3RA

This authority is under a duty to protect the public funds it administers, and to this end, may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing and administering public funds for these purposes.

Office Use Only

Temporary or Official Receipt No: