



Application for a hackney carriage or private hire vehicle licence

Type of application:

- New hackney carriage vehicle (wheelchair accessible only)
- New private hire vehicle (Please ensure Section 4 is completed)
- Change of vehicle - Plate number:
 - Current vehicle registration:
 - Reason for change:

Section 1 – Proprietor Details

Proprietor status:	<input type="checkbox"/> Single individual (Please complete Part A)
	<input type="checkbox"/> Multiple individuals (Please complete Parts A and B)
	<input type="checkbox"/> Company (Please complete Part C)

Part A – First Individual Proprietor

Full name:

Address:

Date of Birth:

Phone number:

Email:

Are you the sole proprietor of this vehicle? If no, the second proprietor must complete Part B below. If there are more than two proprietors, please use a separate sheet.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you been convicted or cautioned for any motoring or criminal offence since your last application? If yes, please provide details in the table below. Use a separate sheet if necessary	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Date	Offence	Court	Sentence

Part B – Second Individual Proprietor

Full name:

Address:

Date of Birth:

Phone number:

Email:

Have you been convicted or cautioned for any motoring or criminal offence since your last application?
If yes, please provide details in the table below. Use a separate sheet if necessary

Yes No

Date	Offence	Court	Sentence

Part C – Company Proprietor

Company name:

Registered office address:

Company register number:

Contact name:

Phone number:

Email:

Are you the sole proprietor of this vehicle?
If no, any other proprietor(s) must complete Part B. Please use a separate sheet if necessary.

Yes No

Has the company secretary, any director or any other officer of the company been convicted or cautioned for any motoring or criminal offence since your last application?
If yes, please provide details below. Use a separate sheet if necessary

Yes No

Date	Offence	Court	Sentence

Section 2 – Vehicle Details

Registration number:

Date of first registration:

Make:

Model:

Colour:

Number of passengers:
(excluding the driver)

Engine number:

Chassis number:

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

Is this vehicle wheelchair accessible (i.e. adapted or designed to carry at
least one wheelchair user whilst in their wheelchair)?

Yes No

Please list all drivers of this vehicle below:

Name	Address	Driver badge number

Section 3 – 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 information provided in this form is true to the best of my knowledge.

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

Signature:

Name (please print):

Date of signature:

Signature:

Name (please print):

Date of signature:

Signature:

Name (please print):

Date of signature:

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.

Section 4 – Private Hire Certification

This section must be completed by the licenced Private Hire Operator under which the Private Hire Vehicle will be operated

I certify that the vehicle as detailed in the preceding sections is to be operated by:

Operator name:
Trading as:
Operator licence number:
Business address:
Signature of operator:
Name (please print):
Date of signature:

Details of the current fees can be found at <https://www.richmondshire.gov.uk/licensing/> and the payment can also be made via the website <https://www.richmondshire.gov.uk/pay/>

This form and supporting documents should be returned by email to licensing@richmondshire.gov.uk.

Please call the Licensing Section on 01748 901181 to arrange your vehicle inspection.

Please complete the check list

Check List	Date of Issue	Date of Expiry	Submitted (Yes or No)
MOT			
Garage Inspection Form			
Insurance			
V5 Registration Document			
Application Form completed			

Office Use Only

RC0030 8333

Code : 1036

Temporary or Official Receipt No: