

Application for a Hackney Carriage Vehicle Licence

SECTION 1 - PROPRIETOR DETAILS

| | | |
|---|-------------------|--|
| 1 | 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

| | | |
|---|---|---|
| 2 | Name | |
| 3 | Address | |
| 4 | Date of birth | |
| 5 | Telephone/email | |
| 6 | Are you the sole proprietor of the vehicle? | <input type="checkbox"/> Yes <input type="checkbox"/> No* |

* If no, the second proprietor must complete Part B below. If there are more than two proprietors, please use a separate sheet.

PART B - SECOND INDIVIDUAL PROPRIETOR

| | | |
|----|-----------------|--|
| 7 | Name | |
| 8 | Address | |
| 9 | Date of birth | |
| 10 | Telephone/email | |

PART C - COMPANY PROPRIETOR

| | | |
|----|---|---|
| 11 | Registered Name | |
| 12 | Registered Address | |
| 13 | Company Reg Number | |
| 14 | Contact Name | |
| 15 | Telephone/email | |
| 16 | Are you the sole proprietor of the vehicle? | <input type="checkbox"/> Yes <input type="checkbox"/> No* |

* If no, any other proprietor(s) must complete Part A and/or Part B. Please use a separate sheet if necessary.

SECTION 2 - VEHICLE DETAILS

| | | |
|----|--|--|
| 17 | Registration number | |
| 18 | Make and Model | |
| 19 | Colour | |
| 20 | Engine number | |
| 21 | Chassis number | |
| 22 | Number of passengers (excluding driver seat) | |
| 23 | 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. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 24 | Is this vehicle wheelchair accessible (i.e. adapted or designed to carry at least one wheelchair user whilst in their wheelchair)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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 above information is true to the best of my knowledge.
I understand that it is a criminal offence to make a false statutory declaration.

| | | |
|----|---------------------|--|
| 25 | Signature | |
| 26 | Name (please print) | |
| 27 | Date of signature | |
| 28 | Signature | |
| 29 | Name (please print) | |
| 30 | Date of signature | |

Please call the Licensing Section on 01748 901181 to arrange an appointment if you wish to return this form in person.

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

Code : £

Temporary or Official Receipt No: