



NORTH WARWICKSHIRE BOROUGH COUNCIL
Local Government (Miscellaneous Provisions) Act 1976

Application for Private Hire Operators Licence

This form, when completed, must be returned to the Licensing Section, The Council House, South Street, Atherstone CV9 1DE.

The Licence fee must be paid at time of application

TO: NORTH WARWICKSHIRE BOROUGH COUNCIL

In accordance with Section 55 of the above legislation, I hereby make application for a Private Hire Operator's Licence.

NB A false statement may render an applicant liable to prosecution

Signed _____

1 FULL NAME OF APPLICANT _____

2 ADDRESS OF APPLICANT _____

HOME TEL. NO. _____ MOBILE TEL. NO. _____

3 APPLICANT'S PLACE OF BIRTH _____

4 APPLICANT'S DATE OF BIRTH _____

5 GIVE THE TRADING NAME OF THE COMPANY (if applicable) AND THE ADDRESS AND TELEPHONE NUMBER OF THE PREMISES TO BE USED AS THE OPERATING BASE.

 _____ TEL NO _____

6 HOW MANY VEHICLES DO YOU PROPOSE TO OPERATE FROM THE BASE?

PRIVATE HIRE _____ HACKNEY CARRIAGE _____

7 GIVE PRIVATE HIRE OPERATOR'S BASE RADIO FREQUENCY AND MOBILE RADIO FREQUENCY.

BASE FREQUENCY _____ MOBILE FREQUENCY _____

8 DETAIL WHAT PROVISION IS MADE FOR PARKING OF VEHICLES WHEN:

LOCATION	NO OF VEHICLES ACCOMMODATED
a) Waiting for business	
b) Not in use	

9 WILL THE APPLICANT BE THE SOLE PROPRIETOR OF THE PRIVATE HIRE BUSINESS?

***YES / NO (*delete as necessary)**

10 IF '**NO**' GIVE DETAILS OF ANY PARTNERS OR DIRECTORS AND ANY OTHER PERSON WHO WILL HAVE CONTROL OF THE BUSINESS:

NAME(S)	ADDRESS(ES)	PLACE OF BIRTH	DATE OF BIRTH

11 HAVE YOU OR ANY OTHER PERSON DETAILED IN NUMBER 10 ABOVE EVER BEEN CONVICTED AT A COURT OR CAUTIONED BY THE POLICE FOR ANY **CRIMINAL** OFFENCE WHATSOEVER

***YES / NO (*delete as necessary)**

IF '**YES**' GIVE DETAILS BELOW:

NAME(S)	OFFENCE	COURT	DATE OF CONVICTION	PENALTY

12 ARE THERE ANY PROSECUTIONS WHATSOEVER PENDING AGAINST YOU OR ANY OTHER PERSON DETAILED IN NUMBER 10 ABOVE?

***YES / NO (*delete as necessary)**

IF '**YES**' PLEASE STATE:

NAME(S)	ALLEGED OFFENCE	DATE OF COURT HEARING

13 HAVE YOU OR ANY OTHER PERSON DETAILED IN NUMBER 10 ABOVE HELD AN OPERATOR'S LICENCE WITH ANY OTHER LOCAL AUTHORITY?

***YES / NO (*delete as necessary)**

IF '**YES**' GIVE DETAILS BELOW:

NAME(S)	LOCAL AUTHORITY	DATES

14 HAVE YOU OR ANY PERSON DETAILED IN NUMBER 10 ABOVE EVER HAD AN OPERATOR'S LICENCE REFUSED, REVOKED OR SUSPENDED?

***YES / NO (*delete as necessary)**

IF 'YES' GIVE DETAILS BELOW:

NAME(S)	LOCAL AUTHORITY	DATES

15 GIVE THE NAMES AND ADDRESSES OF ALL PROPRIETORS WHO WILL BE UNDER THE CONTROL OF THE OPERATOR

NAME(S)	ADDRESSES

16 WHAT TRADE OR BUSINESS ACTIVITIES HAS THE APPLICANT CARRIED OUT PRIOR TO THE MAKING OF THIS APPLICATION?

17 IF THE APPLICANT IS OR HAS BEEN A DIRECTOR OR SECRETARY OF A COMPANY, STATE:

a) Name of the Company

b) What trade or business is carried on by the Company?

c) Any convictions recorded against the Company?

d) Any convictions recorded against any Director or Secretary?

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 or administering public funds for these purposes.

DECLARATION OF THE APPLICANT

I, the undersigned, certify that the details given on this application form are true to the best of my knowledge and belief and understand that, if I have omitted any material particular or stated anything that I know to be untrue, any licence that I may have been granted may be revoked and I may be subject to legal proceedings.

Dated this day of 20...

Signed

TO BE COMPLETED BY THE HACKNEY CARRIAGE INSPECTOR

I certify that I have completed all necessary checks and would / would not recommend this applicant as a suitable and fit person to hold the licence for which he / she is applying.

SIGNED DATED
HACKNEY CARRIAGE INSPECTOR

If **NOT** recommended state why here: