



APPLICATION FOR THE INITIAL GRANT OF A PRIVATE HIRE VEHICLE OPERATOR'S LICENCE

WARNING

It is an offence for an applicant knowingly or recklessly to make a false statement or to omit any material information in order to obtain a licence. Such action will reflect on the suitability of the applicant to hold such a licence.

Please complete all sections

Full Details of Applicant

Title: Mr/Mrs/Miss/Ms/Other: Name:

Address:

..... Postcode:

Telephone no: Mobile no:

Email address:

Date of birth: Place of birth:

National Insurance No: Do you have the legal right to work in this country? **YES/NO**

If the applicant proposes to operate the vehicle(s) in partnership with any other persons, please state the name and address of each partner.*

Title: Mr/Mrs/Miss/Ms/Other: Name:

Address:

..... Postcode:

Telephone no: Mobile no:

Email address:

Date of birth: Place of birth:

National Insurance No: Do you have the legal right to work in this country? **YES/NO**

If required please continue on a separate sheet*

Has any applicant had an application to any Local Authority for the grant or renewal of a Private Hire Operator/Driver or Hackney Carriage Driver Licence **refused**, or had a licence **revoked** or **suspended**?
YES / NO

If yes please give details:

Name of Local Authority:

Dates: Type of Licence:

Decision & Reasons:

.....

Registered Company Details

Is the application being made in respect of a registered company? **YES / NO**

Has any director or secretary previously applied for any operator licence? **YES / NO**

If Yes please give details

.....
.....

Registered Company Name:

Registered Company Address:

..... Postcode:

Telephone no: Email address:

Director's name and address:

..... Postcode:

Secretary's name and address:

..... Postcode:

Has there been any **revocation or suspension** of any operator licence previously held? **YES / NO**

If Yes, please give details

.....
.....

Has the Director or Secretary of the company ever received a conviction? **YES / NO**

If Yes, please give details*

Company Name	Trade of Business	Date	Court	Offence	Penalty

If required please continue on a separate sheet*

Business Premises

Name of Private Hire Company:

Name which will be displayed on vehicle door signage:

Business/Operating Address:

..... Postcode:

Telephone no: Email address:

(This is the telephone no. at the operating address and cannot be a mobile telephone no.)

Have you obtained planning permission to operate Private Hire Vehicles from this address? **YES / NO**

If Yes, please state the planning application no:

If No, you cannot continue until you have this in place or a letter confirming that permission is not required.

Does any person connected with this application hold either of these licences?

Hackney Carriage **YES / NO** Private Hire **YES / NO**

If yes, please give brief details:

Issuing Authority: Type of Licence:.....

Date of Issue: Date of Expiry:

Issuing Authority: Type of Licence:

Date of Issue: Date of Expiry:

Issuing Authority: Type of Licence:

Date of Issue: Date of Expiry:

If required please continue on a separate sheet*

You are required to declare every offence for which you have been convicted or received a formal caution from the Police, whether or not it is spent within the terms of the Rehabilitation of Offenders Act 1974.

Have you or any person mentioned in this application ever been convicted in any court for any offence or offences including driving offences and fixed penalty offences or received a formal caution? **YES / NO**

If YES, please declare below all convictions and cautions (continue on separate sheet if necessary)

Person	Date	Court	Offence	Penalty

If required please continue on a separate sheet*

You may wish to explain any mitigating circumstances which gave rise to the conviction. You are invited to do so in the space below.

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.....

.....

Please state number of vehicles to operate from this company:

(Please indicate number of vehicles applicable by ticking the appropriate box)

1 to 10 vehicles (Please specify exact number between 1 and 10)

11 to 30 vehicles

31 to 50 vehicles

51 to 70 vehicles

71 – 90 vehicles

91+ vehicles

DECLARATION

In connection with the Council granting me a Private Hire Vehicle Operator’s Licence, I undertake that:-

- a) I will comply with all other conditions, regulations and byelaws, copies of which I have received and read.
- b) I have read and understand the implications of the warning regarding the making of a false declaration in relation to this application and confirm that to the best of my knowledge the particulars I have provided with this application are correct.

Signed: Date:

Name:

Contact Name (where not previously given) and address for correspondence associated with this application:

.....
..... Postcode:

Telephone no: Email address:

*Any additional provided must be attached to this application and signed and dated by the applicant.

Please return the completed form by post to: Taxi Licensing
City of York Council
Eco Depot
Hazel Court
York
YO10 3DS

The licence fee must be paid when you return the application form.

For details of fees see: <https://www.york.gov.uk/TaxiLicensingFeesAndCharges#PHO>.

This authority requires the requested information in order to process your application for a licence. It has a duty to protect and safeguard the public and therefore may share the information you have provided on this form with other service areas within the Council, Government Departments, law enforcement agencies and partners for these purposes.

This authority is under a duty to protect the public funds it administers. We may share information internally and externally with other organisations responsible for auditing or administering public funds, or where undertaking a public function, in order to prevent and detect fraud. We may also disclose information to a Specified Anti-Fraud Organisation for the purpose of preventing fraud under Section 68 of the Serious Crime Act 2007.

OFFICE USE ONLY

DATE RECEIVED IN OFFICE:

PRIVATE HIRE OPERATOR'S LICENCE NO.

FOR HOW MANY VEHICLES:

PERIOD OF LICENCE:- FROM: TO:

DATE ISSUED: SIGNED:

RECEIPT NO. FEE PAID: