

Application for a Licence as a Private Hire Operator

Town Police Clauses Act 1847 Local Government (Miscellaneous Provisions) Act 1976

For Office Use only Expiry Date:		For Office Use only Receipt:		For Office Use only DBS Check:	
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You **MUST** answer **EVERY** question in **BLOCK CAPITALS**.

If **ANY** questions are left unanswered, it may not be possible to grant your application.

Continue on a separate sheet if necessary.

1. Is this application submitted on behalf of:-

- (i) A Sole Trader (ii) A Partnership (iii) A Private Limited Company (Ltd)
(iv) A Public Limited Company (PLC) **Please tick appropriate box**

1a. Full Name of Applicant*

If this application is submitted on behalf of (ii), (iii) or (iv) above. Please put partnership or company name below

1b. If you are applying on behalf of a Partnership, Private or Public Limited Company, what is your position within the Partnership/Company (eg. Director/Secretary/Agent/Solicitor)

2. Date of Birth* 3. Place of Birth* 4. Age*

5. National Insurance Number

6. If a Private or Public Limited Company, Company Registration number

7. Address of Applicant*

Postcode*: Telephone*:
Email Address:

7a. Correspondence Address if different to above

Postcode*: Telephone *:
Email Address:



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8. Address from which it is intended to carry out business in connection with Private Hire Vehicles

Postcode: _____ Telephone: _____
Email: _____

9. Will the vehicle be used predominantly or entirely for private hire use outside Rhondda Cynon Taf?
 Yes No *If YES, where will the vehicle be used?*

10. Details of vehicles to be operated (continue on a separate sheet if necessary)

Private Hire Licence No.	Make and Model	Registration No.	Private Hire Licence No.	Make and Model	Registration No.

11. Have you previously applied for a Private Hire Operator licence? Yes No
 If YES, give FULL details

12. Give FULL DETAILS of any suspension or revocation of any previous licences.

13. Give FULL DETAILS of any trade or business carried on by yourself before the date of application.

This form must be completed IN FULL and taken to the address below, together with:

THE REQUIRED FEE, IF NOT LICENSED AS A DRIVER BY THIS AUTHORITY YOU MAY BE REQUIRED TO PROVIDE ADDITIONAL INFORMATION AND SUBMIT TO A CRIMINAL RECORDS BUREAU CHECK.

Applications are dealt with by appointment. Please contact the Licensing Section to arrange a suitable appointment.

Certification

In signing this application I am aware that if I knowingly or recklessly make a false statement or omit any material particular in giving information on this form, I will be guilty of an offence under the provisions of Section 57(3) of the Local Government (Miscellaneous Provisions) Act, 1976 and liable to a fine not exceeding £1000.

I am further aware that submission and/or receipt of this application form does not authorise me to use the vehicle as a Hackney Carriage and that to do so without formal issue of the necessary licence will be an offence under the above acts which may render me liable to prosecution.

Signed:*

Print Name:

Position in Company:*

Date:*

Declaration

Information provided by you will be held and automatically processed on a computer system in line with the Data Protection Act 1998 (DPA), the European Convention on Human Rights (ECHR) and the Human Rights Act 1988 (HRA). The Council will take all reasonable precautions to ensure confidentiality to comply with the principles contained within these Acts. The information may be compared with other personal data held by the Council in order to aid prevention of fraud in the administration of public funds and may be used for cross authority comparison purposes. Under Section S29(2) of the DPA 1998 the Council is able to share information with other Government Departments for the prevention or detection of crime. By providing this information it is assumed that you give consent to use the information provided for the above purpose.

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Companies House Search Completed Yes No Not Required

If **Yes** Company Name Verified Yes No

Company Registration Number Verified Yes No

If **No** reasons for non-verification

Completing Officer's Initials:

Licensing Team

Rhondda Cynon Taf County Borough Council, Ty Elai, Dinas Isaf East, Williamstown, Tonypanyd CF40 1 NY
Tel: 01443 425001 • Fax: 01443 425301 • Email: Licensing.Section@rctcbc.gov.uk