

For Office Use Only

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Payment Received :		Tax Disc Ref No. :		Plate No. :
Receipt :		Tax Disc Expiry :	Ins.Cert. No. :	Date :
Date Reg Doc Seen :	Mileage :	Tax Disc Issue :	MOT No. :	Date :

LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1976

APPLICATION FOR A GRANT / RENEWAL OF A PRIVATE HIRE VEHICLE LICENCE

Please check all of the details below, filling in any empty boxes as required. Read the notes overleaf and then sign the form, and bring the completed form together with all relevant documentation, at the appointed time.

PLEASE USE BLOCK CAPITALS AND AMEND ANY INCORRECT DETAILS

SURNAME	<input type="text"/>
FIRST NAME	<input type="text"/>
ADDRESS	<input type="text"/>
POSTCODE	<input type="text"/>
TELEPHONE NUMBER	<input type="text"/>
MOBILE NUMBER	<input type="text"/>
EMAIL	<input type="text"/>
VEHICLE MAKE & MODEL	<input type="text"/>
VEHICLE COLOUR	<input type="text"/>
REGISTRATION NUMBER	<input type="text"/>
DATE OF REGISTRATION	<input type="text"/>
ENGINE SIZE	<input type="text"/>
NUMBER OF PASSENGERS	<input type="text"/>

IS THE VEHICLE CURRENTLY INSURED?

YES/NO (Please delete where inapplicable)

TO COVER THIRD PARTY RISKS/PASSENGERS

YES/NO (Please delete where inapplicable)

IF YES, WRITE DOWN THE DETAILS BELOW:-

INSURANCE COMPANY

DATE TO WHICH PREMIUM PAID

NAMED DRIVERS

ARE YOU THE VEHICLE PROPRIETOR WITH SOLE OWNERSHIP?

YES/NO (Please delete where inapplicable)

IF NO, PLEASE GIVE DETAILS OF ALL OTHER JOINT PROPRIETORS:-

**NAME
ADDRESS**

**BY WHICH LICENSED OPERATOR AND FROM WHICH ADDRESS WILL THE VEHICLE BE OPERATED?
*(Please note that this is the address to which the vehicle must return when unengaged)***

WHERE WILL THE VEHICLE BE KEPT WHEN NOT BEING USED AS A PRIVATE HIRE VEHICLE?

NOTES

1. It is an offence under Section 57 of the Local Government (Miscellaneous Provisions) Act 1976 for any person to knowingly or recklessly make any false statement or omit any material particulars in giving this information.
2. Any changes in the circumstances of the applicant or any other person or body which may render any of the provided information invalid must be immediately reported to the Assistant Director of Environmental Health & Consumer Protection.
3. The Council reserves the right to confirm any of the provided information with any other body, including the Devon and Cornwall Constabulary.
4. The Council is under a duty to protect Public Funds, to this end it may use the information provided within the council to prevent and detect fraud. It may also share this information with other bodies which look after Public Funds solely to prevent and detect fraud.

DECLARATION

I, THE APPLICANT WHOSE DETAILS APPEAR ON THIS FORM, HAVE READ AND UNDERSTOOD THE NOTES HEREON AND DECLARE THAT THE INFORMATION SUPPLIED IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF AND HEREBY APPLY FOR THE ISSUE TO ME OF THE APPROPRIATE LICENCE.

SIGNED _____ **DATE** _____

Information held by Torbay Council complies with and is stored in accordance with the UK Data Protection Act, 1998. The information you provide on this form will be used to process the application and may be disclosed to any interested party under the requirements of section 51 Local Government (Miscellaneous Provisions) Act 1976. You have a right of access to your personal information. If you wish to access your personal information or exercise any of your rights under the legislation then please contact the Information Governance Team on 01803 207466.

If you have difficulty in completing this form in English, then help will be offered. Please ring on 01803 208126 or email Licensing@torbay.go.uk.