

Licensing Section, PO Box 13, Chorley, PR7 1AR Telephone 01257 515151 - Fax 01257 515150

You are advised to read the notes before completing this form

LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1976 Section 48

APPLICATION FOR PRIVATE HIRE VEHICLE LICENCE GRANT

All boxes marked with a * must be completed by applicant

IDOX Refere	nce:				
*Full name of applicant(s) (Proprietors) (The names of the vehicle's registered owner and all persons concerned in the hiring of the vehicle must be given) (see note s)					
*Address(s) c	of applicant(s)	(Proprietors)			
71001000(0)	т арриоатіі(о)	(r reprietare)			
			Post Code:		
*Home Telep	hone &/or Mol	oile No:			
E-mail: (Please conti	nue on a sepa	rate sheet if necessary)			
What is the tr	ade name, ad	dress & telephone number of business?			
*What is the name, address & telephone number of the private hire operator for this vehicle?					
*Please provi notes)	de Vehicle Re	gistration Number (V5 must be presented) (See			
Is the application for a Disabled Access Vehicle? (See notes)			Yes	No	
State preferred choice of testing station (See notes)					
Preferred time	e for appointm	ent (See notes)			
Please menti	on any dates/t	imes when you would not			
be able to tak	e the vehicle f	for testing (see notes)			
*Is a meter / of fitted?	data-head	If Yes please provide table of fares and calibration certificate for a meter	Meter / data-head make		
Yes	No		Serial No:		
Are you applying for a plate exemption? (this will only be considered where all appropriate criterion are met- see notes)			Yes	No	
Are you presenting a trailer to be used in conjunction with the vehicle (See notes)			Yes	No	

Vehicle Checklist- to be completed by the The vehicle must be presented for testing			inspection		
Officer Name:	Date & Time	of Inspection:			
Vehicle Make:	Model:				
Colour:	Passenger Ca	apacity:	No of Doors:		
Recorded Mileage:	Name of per	son presenting the	Vehicle:		
Date of first UK registration (taken from V5)					
Petrol/Diesel/LPG/Hybrid					
Is the vehicle Wheelchair Accessible?	Yes		No		
Does the Vehicle meet Disabled Access Criterion?	Yes		No		
Does the vehicle meet current requirements for: Condition of Exterior	Yes	No- give reasons:			
Does the vehicle meet current requirements for: Condition of Interior	Yes	No- give reasons:			
Please record any dents or scratches etc t	hat fall within:	acceptable limits:			
Please record any documents provided in support of the application (E.G. engineers reports, Service Records)					
Is the Vehicle presented suitable for Licer	ising?	Yes	No		
If no give reasons for rejection:	1		1		

Applicant Checklist- tick	Checklist to be completed by Customer Service- all documents to be copied and attached to IDOX record					
this column						
only						
1	Vehicle Regis		See Notes		Recorded and checked by	(Initials of
	Document (V	,			Customer Services	CSO)
2	Where application		Valid Calibration		Recorded and checked by	(Initials of
	confirmed Me	ter/Data-	Certificate and Table of		Customer Services	CSO)
_	head fitted		fares provide			
	_				chedule or cover note which inc	
_					rry passengers for either, publi	
			ted. However, a	an application	n can still be processed but the	plate cannot
be issued until	this section is	completed.				
	Name of Insu	rance			Recorded and checked by	(Initials of
	company				Customer Services	CSO)
	Policy Number				Recorded and checked by	(Initials of
					Customer Services	CSO)
	Registration No of Vehicle on Insurance Certificate /Schedule/ cover note				Recorded and checked by	(Initials of
					Customer Services	ČSO)
3	Insurance Certificate/		Public Hire		Recorded and checked by	(Initials of
	Schedule/ cov		Private Hire		Customer Services	CSO)
	states insured		Both		1	
	passenger us					(1.10.1.6
	Valid from		Valid to		Checked and recorded on	(Initials of
					IDOX by Customer Services	S CSO)
	Where Named Driver on Insurance Certificate/ Schedule/ cover note		Name of Driver & Badge Numbers:		Recorded and checked by Customer Services- Driver	(Initials of CSO)
					must have appropriate	
					Chorley badge	
4	4120/60085	PHV licence	grant	£97.78	Recorded and checked by	(Initials of
		_			Customer Services- scan	ČSO)
5	4120/60228	MOT		£54.85	receipt	
6	4120/60229	Vehicle Test (inc VAT)		£10.25	Total Payment =	
7	4120/60085	Rear Licenc	e Plate & £11.40 -		£203.38	
-				£29.10		

NB. Failure to answer all questions will cause delay in processing your application.

Declaration: I declare I have never been refused the grant or renewal or have never had a licence revoked for a Hackney Carriage or Private Hire vehicle with this or any other authority. The Vehicle for which this licence application is made is not licenced as a Hackney Carriage or Private Hire vehicle with any other authority. I confirm that I am the registered keeper of the vehicle. I confirm that the New Keeper Supplement of the Vehicle Registration Document (V5) has been completed with my name and address (or in the name of a company for which I am authorised to act for), and sent to the DVLA in accordance with the legal requirements.

Print Name:	Signed:	Dated:
(Any Additional Proprietors Sign below)		
Print Name:	Signed:	Dated:
Print Name:	Signed:	Dated: