APPLICATION FOR A LICENCE TO OPERATE PRIVATE HIRE VEHICLES



PO Box 13 Chorley PR7 1AR

Tel: 01257 515151

PLEASE COMPLETE IN BLOCK CAPITALS & COMPLETE ALL BOXES MARKED WITH A *

IMPORTANT It is an offence under Section 57(3) of the Local Government (Miscellaneous Provisions) Act 1976 for any person to knowingly or recklessly make a false statement or omit any material particulars in giving the required information						
IDOX Reference:						
*Mr / Mrs / Miss / Ms	*All Forenames:		*Surname:			
*Address	I		L			
*Trading Name of Person:	s or Limited Company					
*Registered Office Addres	SS .					
			Post Cod	е		
*Telephone Number		E-mail Address				
If the applicant is a partne and company secretary			es, addressed or a	II partners	s, directors	
*Address where the Privat	te Hire Operator busines	ss will be located				
Has any person named in this application ever applied for an operator's licence before, to this or any other Council in the United Kingdom or to the Public Carriage Office?				Yes	No	
If yes, when and where di	d you apply?			•	,	
Does any person named in this application hold any of the following: Private Hire Drivers Licence, Private Hire vehicle licence, Hackney Carriage drivers Licence or Hackney Carried Vehicle (proprietors) licence, issued by this or any other Council in the United Kingdom or to the Public Carriage Office?				Yes	No	
If so give full details below	ľ.					
Council Name: Badge Number: Date of Grant: Expiry Date: Continue on a separate sh	neet if necessary					

Has any person named in this application ever been refused, or had suspended or revoked a Private Hire Drivers Licence, Private Hire vehicle licence, Private Hire Operators Licence, Hackney Carriage drivers Licence or Hackney Carried Vehicle (proprietors) licence, by this or any other Council in the United Kingdom or to the Public Carriage Office?	Yes	No				
If yes provide full details including the Council and the date.		•				
What trade, business or profession has each person named in this application carried or prior to applying for this licence and where?	ut over the	5 years				
Continue on a separate sheet if necessary						
If any person named in this application is or has been a director or company secretary	of a limited	company				
the following information must be provided about each of those companies: Name and Registered office address:		₁				
Trade or business activities carried out by each company:						
Previous application made by each company for an operator's licence to this Council or the United Kingdom or to the Public Carriage Office.	any other	Council in				
Any revocation or suspension of any operator's licence issued by this Council or any other Council in the United Kingdom or to the Public Carriage Office previously held by any company.						
All convictions in relation to any offence recorded against any company						
Continue on a separate sheet if necessary						
Do the premises have planning permission to be used to operate a private hire	Yes	No				
business?						
Do you own the premises that are to be used to operate the private hire business?	Yes	No				
If No, please give the name and address of the owner of the premises:						

Do you intend to erect a radio aerial/mast/transmitter	Yes	No	
Do you intend to fit radio phones to the vehicles your	Yes	No	
If yes please specify:			
Make:	Model:		
Frequency on which the radios will broadcast:			
Address where the radio transmitter will be located:			
How many telephone lines will you have for receiving	bookings		
Please state the phone numbers (if known)			
If any of the above are 'Freephones', please state the	location of the freephones:		
How many private hire vehicles do you intend to opera	ato from the promises?		
Have you off-road parking at the premises for the num	•	Yes	No
operate?	iber of verticles you intend to	162	INO
Please provide details of where vehicles will be kept v	hen not being used:	l .	
	-		
		1,,	1
Do you intend to have a waiting room at the premises	for members of the public?	Yes	No
Details and Declaration of conviction			\ A = 4 407C
The Rehabilitation of Offenders Act 1974 Local	Government (Miscellaneous	Provisions) ACT 1976
*Have you ever been convicted at a court for any crim	inal offence or civil	Yes	No
matter? *Have you ever been cautioned by the Police or any c	ther authority for any	Yes	No
reason?		140	
*Are there any pending matters, including criminal, civ	Yes	No	
which you are being investigated by any authority eith other country?	er in the OK or in any		
If you answered "Yes" to any question above, plea	nse give a full explanation, in	cluding any	y civil or
pending matters:			
1			

Declaration of Convictions, cautions and pending prosecutions details						
Date Convicted	Type of Conviction (Criminal, caution or pending matter)	Court or Police	Offence or pending matters	Penalty		

	DECLARATION
l understand	■ My application is subject to an Standard Disclosure and Barring Services (DBS) Check.
that:	■ My DBS must be less than 2 months old at the date of this application
	My DBS may be deemed invalid after 3 months from the date of receipt, if all other supporting information has not been provided by this time.
	My application will be deemed invalid after 6 months from the date of receipt if all the satisfactory supporting information has not been provided by this time.
	I am required to inform the Council within 7 days of any charge for a criminal offence, convictions, fixed penalties, cautions or civil matters or motoring offences that I receive during the currency of my licence
	Chorley Council 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 within this authority for the prevention and detection of fraud. It may also share this information with other bodies administering public funds solely for these purposes. For further information, see www.chorley.gov.uk/dataprotection or contact the Audit and Risk Team on 01257 515466.
I declare that:	To the best of my knowledge and belief, the answers I have given are true and I understand that if I knowingly or recklessly make a false statement or omit any material particular required on this form that I shall be guilty of an offence and liable to prosecution.

All applicants must sign the application form below:

Print Name:	Signed:	Dated:
Print Name:	Signed:	Dated:
Print Name:	Signed:	Dated:
Print Name:	Signed:	Dated:

Applicant Checklist- tick this column	Checklist to be completed by Customer Service- all documents to be copied and attac									
only	IDOX record									
1	EEA/UK passport	Where not pr reside, refer application Passport No	to Home of					che	corded and cked by Customer vices	(Initials of CSO)
		Expiry date:	•							
		Ехри у часе.		OR						
2	UK Birth Certificate	Where not pr reside, refer application No:	oduced to	verify				che	corded and cked by Customer vices	(Initials of CSO)
			-	AND						
3	Standard DBS Chorley Council issued	This must be application. Validensing Ref:	Vhere issu						ded and checked stomer Services	(Initials of CSO)
	Employers	Insurance Co							Recorded and	(Initials of
4	Liability	Policy Number:					checked by Customer Services	CSO)		
	Insurance certificate	Expiry Date:								
5	PHO Grant 4120/60085	£158.63	Receipt No:						Recorded and checked by Customer Services- scan receipt	(Initials of CSO)
Date Licence	granted					C	OR		Date of referral to Licensing- advise applicant	