APPLICATION TO RENEW 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:						
*Trading Name of Person:	s or Limited Company							
*Address where the Privat	te Hire Operator busines	ss is located						
*Registered Office Addres	s if different from above							
			Post Cod	le				
*Telephone Number		E-mail Address						
If the applicant is a partne and company secretary Has any person named in				Ill partners	s, directors			
before, to this or any othe Office?				163	NO			
If yes, when and where di	d you apply?							
Does any person named in Private Hire Drivers Licence Licence or Hackney Carried Council in the United King	Yes	No						
If so give full details below	<i>I</i> '.							
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?								

If yes provide full details including the Council and the date.		
What trade, business or profession has each person named in this application carried out prior to applying for this licence and where?	t 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 the following information must be provided about each of those companies: Name and Registered office address:	a limited co	ompany
Trade or business activities carried out by each company:		
Previous application made by each company for an operator's licence to this Council or a	any other C	ouncil in
the United Kingdom or to the Public Carriage Office.	ary outer o	ourion in
Any revocation or suspension of any operator's licence issued by this Council or any other	er Council i	n 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 business?	Yes	No
Do you own the premises that are being used to operate the private hire business?	Yes	No
If No, please give the name and address of the owner of the premises:		
Do your vehicles have radio phones?	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 I	pookings		
Please state the phone numbers (if known)		1	
If any of the above are 'Freephones', please state the		T	
How many private hire vehicles operate from the prem		V	I NI -
Have you off-road parking at the premises for the num	· · · · · · · · · · · · · · · · · · ·	Yes	No
Please provide details of where vehicles will be kept w	hen not being used:		
Do you have a waiting room at the premises for members	ers of the public?	Yes	No
Details and Declaration of convictions The Rehabilitation of Offenders Act 1974 Local *Have you ever been convicted at a court for any crim	Government (Miscellaneous P		Act 1976
matter? *Have you ever been cautioned by the Police or any o	ther authority for any	Yes	No
reason?	, ,		
*Are there any pending matters, including criminal, civ which you are being investigated by any authority either other country?	Yes	No	
If you answered "Yes" to any question above, pleat pending matters: (Continue on a separate sheet if necessary)	se give a full explanation, inc	uding any	civil or

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.

Print Name: Signed: Dated:

Print Name: Signed: Dated:

Print Name: Signed: Dated:

Print Name: Signed: Dated:

All applicants must sign the application form below:

Applicant Checklist- tick	All documents below must be presented for inspection- ONLY ORIGINAL DOCUMENTS W BE ACCEPTED Checklist to be completed by Customer Service- all documents to be copied and attached IDOX record									
this column only								ttacned to		
1	EEA/UK passport	Where not preside, referapplication Passport No Expiry date:	to Home o					g che	corded and ecked by Customer vices	(Initials of CSO)
				OR						
2	UK Birth Certificate	Where not preside, referapplication No:						g che	corded and ecked by Customer vices	(Initials of CSO)
AND										
3	Standard DBS Chorley Council issued	This must be application. Validensing Ref:	Where issu				-	Record by Cus	(Initials of CSO)	
Employers Liability		Insurance Company: Policy Number:				Recorded and checked by	(Initials of CSO)			
	Insurance certificate	Cus				Customer Services				
5	PHO Grant 4120/60085	£158.63	Receipt No:						Recorded and checked by Customer Services- scan receipt	(Initials of CSO)
Date Licence	granted						OR		Date of referral to Licensing- advise applicant	