

APPLICATION FOR A LICENCE TO OPERATE PRIVATE HIRE VEHICLES LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1976

Before completing, refer to guidance notes available at <u>www.walsall.gov.uk/taxis</u>

Please Note: Any amendments to this form <u>MUST</u> be counter signed by the/all the Licensed Operator(s)

	RENE	WAL	
Applicant Name			
Applicant Address			
Telephone Number			
Date of Birth:	National Insurance Num	ber:	
Name of company owner			
Name and address of company			
Company Number(s)			
Are you a Licensed Private Hire or Hackne	y Carriage Driver	YES	NO
If Yes, what is your Licence Number			
Have you carried on any trade or business activities before making this application? If Yes, give FULL details (include dates when business was operative		YES	NO
Business name and address	Date from and to		
Have you made a previous application for an Operator's Licence? If Yes, give details		YES	NO
Have you had any previous Operator's Licence in any Borough Refused or revoked?		YES	NO
If Yes, give details			

PRIVATE HIRE OPERATOR PARTNERS/OWNERS DETAILS

Are there any other partners / owners involved in this company? (If yes then please list names and addresses below)	YES	NO
Do you have radio equipment?	YES	NO
If so do you have a licence issued under the Wireless Telegraphy Act 1949 or any other Statutory Provision?	YES	NO
Do you have a waiting room for members of the public?	YES	NO

Name		
Address		
Postcode		
Date of	National insurance	
Birth	number	
Signature		
Date		

Name		
Address		
Postcode		
Date of	National insurance	
Birth	number	
Signature		
Date		

*If there are any additional partners/owners use page (11)

MANAGERS OR PERSONS IN CHARGE IN THE ABSENCE OF THE OWNER / OPERATORS

Name		
Address		
Postcode		
Date of Birth	National insurance number	
Signature		
]	
Date		

Name		
Address		
Postcode		
Date of	National insurance	
Birth	number	
Signature		
Date		

Name		
Address		
Postcode		
Date of	National insurance	
Birth	number	
Signature		
Date		

*If there are any additional persons use page (12)

PERSONS OPERATING THE BOOKING SYSTEM

Name	
Address	
Postcode	
Date of Birth	
Signature	
Date	

Name	
Address	
Postcode	
Date of Birth	
Signature	
Date	

Name	
Address	
Postcode	
Date of Birth	
Signature	
Date	

*If there are any additional persons use page (13)

Cautions and convictions

Before submitting an application make sure you and or any other directors of the business have completed a Basic disclosure if you/they are not a Licensed Driver with this authority. Follow the link to make this application:

https://www.gov.uk/government/organisations/disclosure-and-barring-service

(This will need to be submitted with the application)

Have you/Partner or any other director of the company ever been convicted by any Court for any Offence? If Yes, please provide details. Please read the attached notes on the Rehabilitation of Offenders Act 1974 BEFORE completing this section	YES	NO
Please note at this stage of application failure to disclose and to notify the Council of any convictions during the currency of the Licence or as a new application, if granted, may result in your Licence being refused or revoked.		

* Complete if applicable (If there are any partners details please complete page 12

Nature of Offence	Name and Address of Court	Sentence or Order of the Court
	Nature of Offence	

Are any convictions recorded against the Company? If Yes, give details			YES NO
Date of Conviction	Nature of Offence	Name and Address of Court	Sentence or Order of the Court

Address of Booking Office

Have you ever been Director or Secretary of a Company? If Yes, give details	YES	NO
	l	

Is the office to be used for personal visits and telephone bookings?	YES	NO
Has planning permission been obtained?	YES	NO
Is off parking available for vehicles to be nominated on this licence?	YES	NO
Location and Number of spaces		
Number of Licensed Taxi / Private Hire Vehicles to be available for hire under this Operator's Licence from the above booking office		
Give details of all Taxi / Private Hire Vehicles to be available for hire under this Operator's Licence from the above booking office. (Please complete details on page 8 and Licensed drivers on page 9)		

HMRC – TAX CHECK

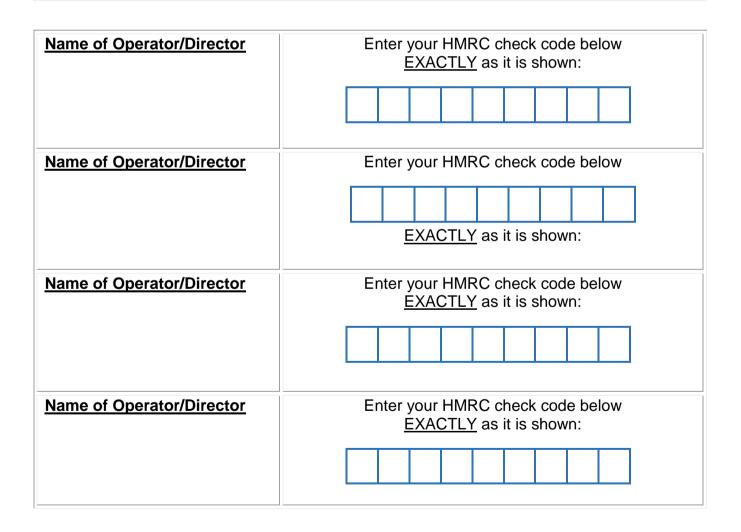
This section applies to existing licensed Operators, or applicants who have held a licence in the last 12 months with one or more licensing authorities.

HMRC has powers to obtain information from licensing authorities,

'Schedule 23 to Finance Act 2011 (Data Gathering Powers) and Schedule 36 to Finance Act 2008 (Information and Inspection Powers), grant HMRC powers to obtain relevant information from third parties. This includes licensing bodies being required to provide information about licence applicants. The code is issued in CAPITAL LETTERS please write it down carefully.

NOTE: THE CODE IS ONLY VALID FOR 120 DAYS

*Please use the additional sections below for all Owners/Directors. If more is required go to page 14.



DECLARATION

I/We declare that the above answers are true, to the best of knowledge and belief, and understand that if there are any wilful omissions or false statements, the application may be suspended or refused.

I/We confirm the email address and other contact information provided is private and may safely be used in relation to confidential licensing or personal information (e.g. medical).

I/We declare that I/We have the correct immigration status to apply for this licence and am aware if I/We am no longer entitled to work in the UK the licence will lapse.

I/We understand that a false statement may render me liable to prosecution under the Local Government (Miscellaneous Provisions) Act 1976, or the Fraud Act 2006. If a licence has been issued, it may be liable to immediate revocation.

I/We agree that all appropriate information recorded and received from the Disclosure and Barring Service may be disclosed to the Licensing Committee or delegated officers in order that my application may be fully and fairly considered.

Where I/We am granted a licence I/We also declare that I/We will read, understand and adhere to the licence conditions set by the council and will ensure that I/We keep up to date with any changes to the conditions.

Schedule 23 to Finance Act 2011 (Data Gathering Powers) and Schedule 36 to Finance Act 2008 (Information and Inspection Powers), grant HMRC powers to obtain relevant information from third parties. This includes licensing bodies being required to provide information about licence applicants.

I/We confirm that I/We am aware of the content of HMRC guidance relating to my tax registration obligations.

A link to the council's Privacy statement can be found here: <u>Walsall Council Privacy</u> <u>Statement</u>.

All partners/Directors must sign the declaration.

Name

*for any additional partners/directors please use page 15

Applicant Signature	Date	1 1
Applicant Name		
Partner/Director Signature	Date	11
Partner/Director Name		
Partner/Director Signature	Date	/ /
Partner/Director		

VEHICLE DETAILS

R	VEHICLE EGISTRATION	PLATE NUMBER	MAKE & MODEL	NAME OF OWNER / PROPRIETOR
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				

*If there are any additional Vehicles use extra sheet

DRIVER DETAILS

	NAME	ADDRESS	POST CODE	CALL SIGN / DRIVER NO.
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				

*If there are any additional Drivers use extra sheet

*Additional partners or Directors please complete as below.

Name		
Address		
Postcode		
Date of	National insurance	
Birth	number	
Signature		
Date		

National insurance
number

Name		
Address		
Postcode		
Date of	National insurance	
Birth	number	
Signature		
Date		

*Managers or Persons in charge in the absence of the owner/operators

Name	
Address	
Postcode	
Date of Birth	
Signature	
Date	

Name	
Address	
Postcode	
Date of Birth	
Signature	
Date	

Name	
Address	
Postcode	
Date of Birth	
Signature	
Date	

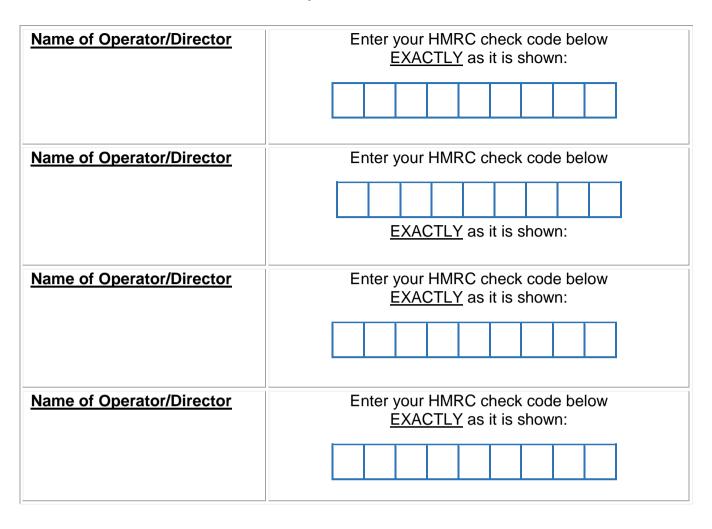
*Additional person(s) operating Bookings System.

Name	
Address	
Postcode	
Date of Birth	
Signature	
Date	

Name	
Address	
Postcode	
Date of Birth	
Signature	
Date	

Name	
Address	
Postcode	
Date of Birth	
Signature	
Date	

*Additional owners/Directors to complete HMRC tax check



*Additional signatures for declaration

Partner/Director Signature	Date	1 1
Partner/Director Name		
Partner/Director Signature	Date	1 1
Partner/Director Name		
Partner/Director Signature	Date	1 1
Partner/Director Name		
Partner/Director Signature	Date	1 1
Partner/Director Name		