**HACKNEY CARRIAGE VEHICLE LICENCE APPLICATION**

Town Police Clauses Act 1847

Local Government (Miscellaneous Provisions) Act 1976

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| 1. **Type of application -** Please ü relevant type
 |
| New | **[ ]** |
| Renewal | **[ ]** | Licence Number |  |
| Vehicle Replacement | **[ ]** | Licence Number |  |

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| 1. **Details of Hackney Carriage Zone Requested** (please tick one only)
 |
| Alnwick |  | Berwick |  |
| Blyth Valley |  | Castle Morpeth |  |
| Tynedale |  | Wansbeck |  |

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| 1. **Applicant Type**
 |
| Applying as an individual | Yes |  | No |  | If yes go to section 4 |
| Applying as a business or organisation, including a sole trader | Yes |  | No |  | If yes go to section 5 |

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| 1. **Applicant (should be the principal proprietor) – go to section 6 once completed**
 |
| Full Name |  |
| AddressPost Code |  |
| Telephone Number/s (must complete) |  |
| Email Address (must complete) |  |

| **5. Applicant Business – go to section 6 once completed** |
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| 5.1 | Is your company registered with companies house? | Yes |  | No |  | If no go to section 5.3 |
| 5.2 | Registration Number (Company Number/Charity Number) |  |
| 5.3 | Name of Business  |  |
| 5.4 | Name of applicant  |  |
| 5.5 | Applicant’s position in the business  |  |
| **Business Address – This should be your official address – The address required of you by law to receive all communication** |
| 5.6 | Building name or number |  |
| 5.7 | Street |  |
| 5.8 | City or Town |  |
| 5.9 | County |  |
| 5.10 | Post Code |  |
| 5.11 | Country |  |
| 5.12 | Telephone Number |  |
| 5.13 | Email |  |

**From the 1st of April 2024 All vehicles licensed by the Council shall meet the following requirements:**

* **1st April 2024 any new vehicles which are to be licensed are required to be a maximum of 4 years and will be required to be Euro 6 compliant**
* **1st April 2027 existing licensed vehicles (excluding wheelchair access vehicles) coming up for renewal will need to be 8 years old or less.**
* **1st April 2029 existing wheelchair access licensed vehicles (excluding wheelchair vehicles) coming up for renewal will need to be 8 years old or less.**

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| **6. Vehicle Details** |
| Make |  |
| Model |  |
| Colour |  |
| Registration number |  |
| Date of first registration |  |
| Euro Status *(new/replacement only – must be Euro 6 Compliant with effect from 01/04/2024)* |  |
| Type of fuel |  |
| Number of passenger seats |  |
| Cubic capacity of engine |  |
| Is a radio telephone fitted? | Please ✓ YES [ ] NO [ ] |
| Is the vehicle wheelchair accessible? | Please ✓ YES [ ] NO [ ] |
| Is the vehicle currently licensed by another licensing authority?  | Please ✓ YES [ ] NO [ ]If yes please specify issuing authority. |
| Has the vehicle had any modification carried out that may affect its conformity to the terms of its type approval certificate? | Please ✓ YES [ ] NO [ ]If yes please specify |
| Where is the vehicle to be usually kept when not in use? |  |

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| **7. Intended Use Statement** |
| Please indicate your intended use of the hackney carriage, by answering the following questions and / or by providing any other relevant information (please attach additional information, if necessary). |
| Do you intend to use the above vehicle, if licensed as a hackney carriage to ply for hire predominantly, or entirely within the relevant hackney carriage licensing zone? | Please ✓ YES [ ] NO [ ]If the answer is no, please provide further information |
| Is the vehicle to be used for the purposes of fulfilling pre-booked hirings other than through a contract for hire with a Private Hire Operator licensed by Northumberland County Council? | Please ✓ YES [ ] NO [ ]If the answer is yes, please provide further information |
| Please provide any additional information. |  |

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| **8.** **DECLARATION BY APPLICANT or DECLARATION ON BEHALF OF A BUSINESS**  |
| I declare that I shall hold the licence applied for as principal proprietor with a controlling interest in the vehicle and that every proprietor or part proprietor of the vehicle, or person concerned either solely or in partnership with any other person in the keeping, employing or hiring of the vehicle is named in this application. I understand that if I or my employees fail to comply with any condition attached to a licence, the licence shall be liable to be suspended, revoked or not renewed by the council. I declare that the statements I have made on this form are true.I consent to the information provided in this application being used by Northumberland County Council for the purposes of undertaking its statutory licensing functions and understand that it may be obliged to include some information in a publicly available register and may disclose any information to any third party, as may be required or permitted by law.I note that the Council is under a duty to protect the public funds it administers, and to this end may use the information I have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.I understand that if I have knowingly or recklessly made a false statement in connection with this application, I shall be liable to prosecution and/or any licence granted to me as a result of a false statement may be suspended or revoked by the Council. |
| SignedBy individual |  |
| Signed on behalf of a business |  |
| Dated |  |

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| **9.** **DECLARATION BY ADDITIONAL PROPRIETORS**   |
| I declare that the statements made on this form are true.I understand that if I have knowingly or recklessly made a false statement in connection with this application, I shall be liable to prosecution and/or any licence granted to me as a result of a false statement may be suspended or revoked by the Council.I consent to the information provided in this application being used by Northumberland County Council for the purposes of undertaking its statutory licensing functions and understand that it may be obliged to include some information in a publicly available register and may disclose any information to any third party, as may be required or permitted by law.I note that the Council is under a duty to protect the public funds it administers, and to this end may use the information I have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes. |
| Signed |  |
| Dated |  |
| Full name |  |
| Address |  |

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| **Equal opportunities** |
| All applicants will be treated equally, regardless of ethnic or national origin, gender, religion, age and sexual orientation. |