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**PRIVATE HIRE VEHICLE LICENCE APPLICATION**

Local Government (Miscellaneous Provisions) Act 1976

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

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| **2. Applicant Type** |  | | | | |
| Applying as an individual | Yes |  | No |  | If yes go to section 3 |
| Applying as a business or organisation, including a sole trader | Yes |  | No |  | If yes go to section 4 |

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| **3. Applicant (should be the principal proprietor)** | |
| Full Name  Operator Number/company name (must complete) |  |
| Address  Post Code |  |
| Telephone No/s  (must complete) |  |
| Email Address  (must complete) |  |

| **4. Applicant Business** | | | | | | |
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| 4.1 | Is your company registered with companies house? | Yes |  | No |  | If no go to section 5.3 |
| 4.2 | Registration Number (Company Number/Charity Number) |  | | | | |
| 4.3 | Name of Business |  | | | | |
| 4.4 | Name of authorised signatory |  | | | | |
| 4.5 | 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** | | | | | | |
| 4.6 | Building name or number |  | | | | |
| 4.7 | Street |  | | | | |

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| 4.8 | City or Town |  |
| 4.9 | County |  |
| 4.10 | Post Code |  |
| 4.11 | Country |  |
| 4.12 | Telephone Number |  |
| 4.13 | Email |  |

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| **5. Vehicle Details** | |
| Make |  |
| Model |  |
| Colour |  |
| Registration number |  |
| Date of first registration |  |
| Euro Status |  |
| 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 [ ]  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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| **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. | |
| Signed |  |
| Dated |  |

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| **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. |