

Public Health Act 1875 Town Police Clauses Act 1847 and 1889 Local Government (Miscellaneous Provisions) Act 1976

APPLICATION FOR A PRIVATE HIRE OPERATOR LICENCE

I hereby apply for a 5 year licence as an operator as detailed below. I accept that if a licence is granted it will be subject to the conditions attached to this type of application and any additional conditions which the Council may consider necessary.

APPLICANT DETAILS

Applications by individuals: please complete questions 1-17 inclusive Applications by companies: please complete questions 1-12 and 18-19 inclusive

1.	Mr	Mrs	Miss	Ms	Surname:		
2.	Christian or forenames in full:						
3.	Date of Birth:						
4.	Residential address:						
5.	Contact telephone number:						
6.	Email address:						
7.	Previous address (if any):						
BUSII	BUSINESS DETAILS						
8.	Name o	of your t	axi / priva	ate hire b	usiness:		
9.	*Addre	ss which	n you inte	nd to ope	erate the business from:		
10.	Contac	t telepho	one numb	er you in	tend to take bookings via:		

OPERATING DETAILS							
11.	**How many private hire vehicles do you intend to operate if granted a licence						
12.	How many people do you intend to employ to take bookings and in what capacity?						
DEC	LARATION FOR INDIVIDUALS						
13.	State your occupation before making this application:						
14. Has a previous application for an operator licence been made by you, or be firm in which you have had an interest, or any company of which you have director or secretary?							
	If so, please state the licensing authority:						
15.	Has any previous operator licence held by you, or by any firm in which you have had an interest, or any company of which you have been a director or secretary been refused, revoked or suspended?						
	If so, please give details:						
16.	Have you been convicted of any offence/s whatsoever within the last five years?						
	DateCourt						
	OffencePenalty						
17.	If you intend to operate the vehicle(s) in partnership with any other person(s):						
	a) State name and address of such person(s) along with their date of birth and contact telephone number:						

	b) Supply details of any conviction(s) recorded against such person(s) within the five years:					
		Date	Court			
		Offence	Penalty			
	c) State the occupation of such person(s) before making this application:					
d) Has any previous application for an operator licence been made by such person(s). If so, please state the licensing authority:						
	e) Has any previous operator licence held by such person(s) been refused, revoked or suspended. If so, please give details:					
DECL	.AR	ATION FOR COMPANIES				
18.	If this application is by a company, supply details of any conviction(s) recorded against a director or secretary thereof within the last five years:					
	Da	te	Court			
	Off	ence	Penalty			
19. Has any previous operator licence held by the company or a director or set thereof been refused, revoked or suspended? If so, please give details:						

Please turn over to complete the signature & declaration section.

SIGNATURE & DECLARATION

- I enclose the licence fee of £223 please note cash payments are no longer accepted by West Lindsey District Council, payment must be made by card or by cheque (payable to WLDC) or by bank transfer (please ask for details).
- I certify that the above information is correct to the best of my knowledge.
- I am fully aware that a copy of this form may be forwarded to the Police and any
 omissions and/or false particulars stated may result in prosecution and immediate
 revocation of any licence granted to me.

Signed	Dated
9.9a	24.04

Please return this form to:

Licensing Department Guildhall Marshall's Yard Gainsborough Lincolnshire DN21 2NA

01427 676676

licensing@west-lindsey.gov.uk

NOTES

*Your operating address must be within West Lindsey's boundary in order to be licensed by West Lindsey District Council.

**Operators are advised to contact West Lindsey District Council's planning team to obtain confirmation that, prior to commencement, the working practices are not in breach of the Town and Country Planning legislation.

Please note that policies change from time to time, if you are unsure of any recent changes then please contact the Licensing Department on the number above.

Privacy Notice: We will use the information you give us to (a) do the tasks we need to do for the job shown in the title of this form (b) carry out any of our official business (c) stop fraud or crime. To find out more about why we need your information, what we do with it and how to contact us if you have any concerns or questions please read our privacy notice. This can be viewed using the following link: www.west-lindsey.gov.uk/licensing-privacy/

This authority 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 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. For further information, see www.west-lindsey.gov.uk/fairprocessingnotice or contact the finance department on, 01427 676560, FinanceTeam@west-lindsey.gov.uk