



LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1976

APPLICATION FOR A LICENCE TO USE A VEHICLE AS A PRIVATE HIRE VEHICLE

APPLICANT'S DETAILS		
Title:	First name(s):	Surname:
Postal Address:		
Post Town:	Post Code:	
Phone (Home):	Phone (Mobile):	
e-mail address:		
Date of Birth:	NI number:	

DETAILS OF THE VEHICLE			
Registration No:		Date First Registered	
Make		Model	
Colour		Passenger Seats (excluding driver)	
Fuel Type		No. of Doors (excluding boot)	

Is the vehicle capable of carrying a wheelchair user whilst they remain seated in their wheelchair?	YES	NO
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Is the vehicle to be:	Please tick
An additional (new) private hire vehicle	
A permanent replacement for an existing licensed private hire vehicle	
A temporary replacement for an existing licensed private hire vehicle	

If this vehicle is a permanent or temporary replacement for an existing licensed vehicle provide:	
Licence Plate Number	Expiry Date

Are you the sole proprietor of this vehicle?	YES	NO
Name(s) of any joint proprietor(s)		

Is the vehicle licensed as a hackney carriage or private hire vehicle by any other local authority?	YES	NO
Name of any other local authority that licenses this vehicle:		

Do you hold a private hire operator's licence?	YES	NO
If no, name of the licensed private hire operator who will be accepting bookings for the vehicle:		

Address where vehicle will normally be kept when not in use (if different to applicant's home address)
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CHECKLIST

I have enclosed the following:

Vehicle Registration Document (V5) or other valid proof of ownership	<input type="checkbox"/>
Current MOT for the vehicle	<input type="checkbox"/>
Certificate of Insurance for the vehicle	<input type="checkbox"/>
Inspection Certificate for the vehicle	<input type="checkbox"/>
Appropriate fee (cheques made payable to Bromsgrove District Council)	<input type="checkbox"/>

DECLARATIONS

I declare that the information given above is true to the best of my knowledge and that I have not wilfully omitted any necessary material. I understand that if there are any wilful omissions, or incorrect statements made, my application may be refused without further consideration or, if a licence has been issued, it may be liable to immediate suspension or revocation.

I understand that the Authority is collecting my data for the purposes described on this form and will not be used for any other purpose, or passed on to any other body, except as required by law, without my consent.

I understand that the Authority 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. I understand that it may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

Signature:

Print Name:

Date:

Please return this form with all relevant documents and the appropriate fee to:

Bromsgrove District Council, Parkside, Market Street, Bromsgrove, B61 8DA