

Licensing Partnership



OFFICE USE ONLY	
Amount paid	
Receipt number	
Date	

APPLICATION FOR A PRIVATE HIRE OPERATOR'S LICENCE

**PLEASE READ THE QUESTIONS CAREFULLY BEFORE COMPLETING THE FORM.
PLEASE USE BLOCK CAPITALS**

Local Authorities must protect funds it handles and so the information you have provided on this form may be used to detect and prevent fraud. The information may also be shared for the same purposes, with other organisations which handle public funds including the Audit Commission to be used as part of the National Fraud Initiative. Your personal data will also be shared with the local authorities, which make up the Licensing Partnership, for the purpose of processing your licensing application. Your personal data will not be used for any other purpose without your prior consent, except as permitted under the Data Protection Act 1988.

Please state which Licensing Authority you are applying to operate within (please note one application form per authority):

Maidstone Borough Council		Sevenoaks District Council		Tunbridge Wells Borough Council	
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PART 1	GENERAL (Sole or Principal Applicant to complete in all cases)
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Surname		Forename(s)	
Home Address			

Post Code			

Contact telephone nos.		Fax no.	
Date of birth:		Age:	Place of birth:
How long resident at present address:		Previous addresses (if resident at current address less than 5 years) <i>Continue on a separate sheet if necessary</i>	
Details of ALL convictions imposed by any Court <i>(Please state dates, location of Court, type of offence, fine and sentence - Continue on a separate sheet if necessary)</i>			
Details of any trade or business or occupation carried on by the applicant prior to the date of this application.			

PART 2	APPLICATION FOR PRIVATE OPERATOR'S LICENCE (Sole or principal applicant to complete this part if he/she wishes to be licensed as a Private Hire Operator within an authority covered by the Licensing Partnership)
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1. Trading name to be used: _____

2. Address to be used as office

3. Contact telephone nos. _____
 Fax no. _____
 Email address _____

4. If applicable - Manager's name _____

5. If applicable, address of any other office if other than above _____

6. At which office will the records be kept of vehicle hiring and servicing? 2. or 5.

7. Will you have radio communication with your vehicles? Yes No

8. If the Operator's Licence is to be in joint names enter second persons detail's below and complete questions 10-13
 Surname _____ Forename(s) _____
 Mr/Mrs/Miss/Ms (*Circle the relevant salutation*)
 Home Address _____
 _____ Post Code _____

9. Please list the vehicle(s) to be operated under this licence

	Licence plate number	Registration number of vehicle		Licence plate number	Registration number of vehicle
1.			6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

(you may need to continue on a separate sheet if you operate more than 10 vehicles)

10. Have you ever held an operator's licence? Yes/No
If Yes, when and with which authority _____
Has an operator's licence held by you ever been revoked or suspended? Yes/No
If so, give details _____
Have you ever been refused an operator's licence Yes/No
If so, when and with which authority _____

11. Have you ever been a Director or Secretary of a company involved in the ownership or operation of Private Hire Vehicles? Yes/No
If yes, please state:-
(a) Any convictions recorded against that company _____

(b) The trade or business activities carried out by that company _____

(c) Details of any previous application made by that company for an operator's licence

(d) Whether any operator's licence previously held by that company have been revoked or suspended
If yes, please give details _____

12. This section is to be completed if the applicant is a company
(a) If any convictions have been recorded against a director or secretary of the company, please give details:

(b) Has any application previously been made by any director or secretary for the issue of a Private Hire Operator's Licence? Yes/No
(c) What trade or business activities, if any does any director or secretary carry on?

13. Partnership
If you propose to operate the Private Hire vehicles(s) in partnership with any other person(s)
Please give details of:-
(a) Any convictions recorded against that person(s): _____

(b) Any trade or business activities carried on by that person(s) _____

(c) Any previous application made by that person for an operator's licence: _____

(d) Any operator's licence previously held by that person or those persons, which has been revoked or suspended.

PART 3	GENERAL DECLARATION (If joint application all applicants must sign)
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IMPORTANT I declare that all the answers given above are true. I understand that it is an offence under Section 57(3) of the Local Government (Miscellaneous Provisions) Act 1976 for any person to knowingly or recklessly make a false statement or omit any material particular in giving the required information.

I hereby apply for a licence to act as an Operator of Private Hire vehicles licensed by the relevant Licensing Authority and declare to the best of my knowledge and belief the above particulars are true.

Signature (s):		Date:	
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and all operators if on behalf of a company

Signature:		position/authority
Signature:		position/authority
Signature:		position/authority

Please telephone 01732 227004 for the up to date fee for the relevant Licensing Authority or go to the website for the relevant Licensing Authority.

**Please return the completed form and fee at least ten working days before the renewal date, to:
The Licensing Partnership, P.O. Box 182, Sevenoaks, Kent, TN13 1GP
(cheques must be made payable to 'Sevenoaks District Council')**

GUIDANCE

As you are intending to operate one vehicle or possibly more you will be responsible for the drivers and vehicles working for you. The relevant legislation relating to private hire operators, drivers and vehicles is contained in the Local Government (Miscellaneous Provisions Act 1976), a copy of which can be obtained from OPSI Office

If your offices allow members of the public to wait you must ensure that the premises is covered by Public Liability insurance. Please forward a copy of the insurance with your application.

EQUAL OPPORTUNITIES MONITORING

We are asking you to complete this section as part of our equal opportunities monitoring. We wish to ensure we are treating all sections of the population equally, to which of these groups do you consider you belong to (PLEASE TICK ONE BOX)

<p style="text-align: center;">WHITE</p> <p>British <input type="checkbox"/></p> <p>Irish <input type="checkbox"/></p> <p>Any other white background <input type="checkbox"/></p> <p>(PLEASE WRITE IN)</p>	<p style="text-align: center;">BLACK OR BLACK BRITISH</p> <p>Caribbean <input type="checkbox"/></p> <p>African <input type="checkbox"/></p> <p>Any other black background <input type="checkbox"/></p> <p>(PLEASE WRITE IN)</p>
<p style="text-align: center;">MIXED</p> <p>White & Black Caribbean <input type="checkbox"/></p> <p>White & Black African <input type="checkbox"/></p> <p>White & Asian <input type="checkbox"/></p> <p>Any other mixed background <input type="checkbox"/></p> <p>(PLEASE WRITE IN).....</p>	<p style="text-align: center;">ASIAN OR ASIAN BRITISH</p> <p>Indian <input type="checkbox"/></p> <p>Pakistani <input type="checkbox"/></p> <p>Bangladeshi <input type="checkbox"/></p> <p>Any other Asian background <input type="checkbox"/></p> <p>(PLEASE WRITE IN).....</p>
<p>Chinese <input type="checkbox"/></p>	<p>Other ethnic group <input type="checkbox"/></p> <p>(PLEASE WRITE IN).....</p>
<p>Unwilling to respond <input type="checkbox"/></p>	<p>GRANTED/REFUSED</p>
<p>Do you consider yourself disabled YES <input type="checkbox"/> NO <input type="checkbox"/></p>	