



For office use only:

1 vehicle £115

2-5 vehicles £285.00

Over 5 vehicles £1,370

Date

Receipt No

Local Government (Miscellaneous Provisions) Act 1976, Part II

APPLICATION (RENEWAL) FOR PRIVATE HIRE OPERATOR'S LICENCE

Before completing this form, applicants are advised to carefully read the Guidance Notes and Conditions for Private Hire Operators.

Please complete form in ink and in BLOCK CAPITALS

1. TYPE OF APPLICATION:

Initial Application

Renewal

If a renewal, please state Licence Number:

2. DETAILS OF APPLICANT:

First or sole operator of the business
(The person to whom all correspondence will normally be sent)

TITLE	MR	MRS	MISS	MS	OTHER
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FULL FORENAMES:

SURNAME:

HOME ADDRESS:

POST CODE:

TELEPHONE NUMBER:

MOBILE TELEPHONE NUMBER:

DATE OF BIRTH:

E-MAIL ADDRESS:

Has any Private Hire Operator's Licence previously held by you been revoked or suspended or has any Licensing Authority refused to renew a licence?

Yes No

If Yes, please state authority and dates

Have you, or any Company of which you are or have been a Director or Secretary, been convicted of an offence?

Yes No

If YES state
Date
Court
Offence
Sentence

Do not include any convictions in respect of which you have been Rehabilitated under the Rehabilitation of Offenders Act 1974.

Are you	(a)	The sole proprietor	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	(b)	Operating in Partnership?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	(c)	Operating the business as a Limited Company?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

3. OPERATING DETAILS

COMPANY NAME:

COMPANY ADDRESS (where bookings will be accepted):

POST CODE:

TELEPHONE NUMBERS (which will be used for the acceptance of bookings):

COMPANY REGISTRATION NUMBER:

Has planning permission been granted for use of the above premises as a Private Hire Operation?

Yes No

If Yes, planning reference Date of Issue

Please provide names, addresses and dates of birth of all persons who will be responsible for managing the Operator's Office:

NAME:

ADDRESS:

DATE OF BIRTH:

Will radio communications be used in vehicles?

Yes No

If Yes, please state licence number of Office of Communications:

Please attach a copy of Ofcom Radio Licence

Number of Licensed Private Hire vehicles in operation:

4. MANAGEMENT DETAILS

PARTNERSHIP

Name and address of each Partner:

- | | | | |
|----|-------|----|-------|
| 1. | | 2. | |
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| | | | |
| | | | |

In respect of each partner, has a Private Hire Operator's Licence previously held by them been revoked or suspended or has any Licensing Authority refused 'to renew a Licence'?

Yes No

If Yes, please give details

In respect of each partner, have they, or any Company of which they have been a Director or Secretary, been convicted of an offence?

Yes No

If Yes, state give details

LIMITED COMPANY

Name of Registered Company

Address of Registered Office:

Your position within the Company:

Name and Address of each Director:

In respect of each Director, has a Private Hire Operator's Licence previously held by them been revoked or suspended or has any Licensing Authority refused to renew a Licence?

Yes No

If Yes, please give details

In respect of each Director, have they or any Company of which they have been a Director or Secretary, been convicted of an offence?

Yes No

If Yes, state details

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 <http://www.suffolkcoastal.gov.uk/help/legal/legalprivacy.htm#nfi>

5. DECLARATION

To be completed by ALL applicants (including Partners and Directors)

I declare that to the best of my knowledge and belief the statements herein are true and correct. I understand that if, for the purposes of obtaining a licence, I make any false statement or omit any material particular to the application, I shall be liable to prosecution.

I have read the Private Hire Operator Conditions and acknowledge my responsibilities as a Private Hire Operator.

Signed Date
Sole Proprietor

..... Date
Partner (each partner must sign)

..... Date
Director or authorised agent of the Company