



COLCHESTER BOROUGH COUNCIL

OPERATOR NUMBER

APPLICATION FOR THE TRANSFER OF A PRIVATE HIRE OPERATORS LICENCE

LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1976

THE UNDERSIGNED HEREBY MAKE APPLICATION FOR A LICENCE TO OPERATE PRIVATE HIRE VEHICLES WITHIN THE BOROUGH OF COLCHESTER

1 DETAILS OF PREVIOUS LICENCE HOLDER

TITLE MR / MRS / MISS /MS
(In the case of a limited company its name & company secretary)

FIRST NAMES.....
(Block Letters)

SURNAME

ADDRESS
(Registered address in the case of a limited company)
.....
.....

2 DETAILS OF PROPOSED LICENCE HOLDER

TITLE MR / MRS / MISS /MS
(In the case of a limited company its name & company secretary)

FIRST NAMES.....
(Block Letters)

SURNAME

ADDRESS
(Registered address in the case of a limited company)
.....
.....

3 TELEPHONE NUMBERS

HOME: **BUSINESS:**.....

MOBILE: **FAX**

'E' MAIL:

4 PROPOSED NAME OF THE COMPANY AND ADDRESS FROM WERE IT WILL OPERATE: -

.....
.....

5 NUMBER OF PRIVATE HIRE VEHICLES INTENDED TO BE OPERATED

6 GIVE THE FULL NAMES AND ADDRESSES OF EVERY PERSON (OTHER THAN APPLICANT) WHO WILL BE NAMED ON THE LICENCE.

TITLE	FIRST NAME	SURNAME	ADDRESS	TEL: No.

7 GIVE DETAILS OF ANY TRADE OR BUSINESS CARRIED ON BY ANY OF THE PROPOSED LICENCE HOLDERS WITHIN LAST 10 YEARS.

.....

.....

8 HAVE YOU OR THE COMPANY OR ANY OF THE PERSONS APPLYING HELD OR CURRENTLY HOLD ANY PRIVATE HIRE OPERATORS LICENCE IF SO PLEASE GIVE DATES AND COUNCIL DETAILS.

.....

.....

.....

9 HAVE YOU OR ANY PERSON NAMED IN THIS APPLICATION EVER BEEN CONVICTED OF ANY OFFENCE IN ANY COURT YES / NO

IF SO PLEASE SHOW DETAILS BELOW: -

(The details of any convictions declared which are 'spent' (as defined by the Rehabilitation of Offenders Act 1974) are not normally considered unless deemed as relevant to this renewal).

OFFENCE	COURT	DATE	PENALTY

Any convictions recorded after completion of this form must be reported immediately in writing to the Licensing Team, 33 Sheepen Rd, Colchester CO3 3WG

10 HAVE YOU OR ANY OTHER PERSON IN THIS APPLICATION BEEN A DIRECTOR OR COMPANY SECRETARY OF A LIMITED COMPANY WITHIN THE PAST 10 YEARS.

YES / NO

11 HAVE ANY JUDGEMENTS OR CONVICTIONS BEEN RECORDED AGAINST SUCH A COMPANY. YES / NO

(If yes please give details)

NATURE OF JUDGEMENT OR CONVICTION	COURT AND DATE	RESULT

12 DO YOU OR ANY PERSON OR COMPANY IN THIS APPLICATION HAVE ANY LICENSES ISSUED BY THE D. E. T. R. TRAFFIC COMMISSIONERS. YES / NO

13 IF YES GIVE FULL DETAILS, i e Full, Restricted, any time tables lodged, routes etc.,

.....

14 IN THE CASE OF A LIMITED COMPANY PLEASE GIVE FULL NAMES AND ADDRESSES OF ALL DIRECTORS AND THE COMPANY SECRETARY.

TITLE	FIRST NAMES	SURNAME	ADDRESS	TEL :-

AS AN OPERTOR YOU HAVE THE RESPONSIBILITY OF ENSURING THAT ANY PERSON OPERATING FOR YOU HAS A CURRENT DRIVER'S LICENCE AS ISSUED BY THIS AUTHORITY, THAT ANY VEHICLE USED IS LICENSED BY THIS COUNCIL AND THAT A POLICY OF INSURANCE IS IN FORCE AS COMPLIES WITH PART VI OF THE ROAD TRAFFIC ACT 1988 IN RESPECT OF THE USE OF ANY VEHICLES UNDER YOUR LICENCE FOR THE PUBLIC CARRIAGE OF PASSENGERS FOR HIRE OR REWARD BY WAY OF PREBOOKING

IT IS HEREBY CERTIFIED THAT THE INFORMATION AS CONTAINED IN THIS APPLICATION IS CORRECT AND IN THE EVENT OF A LICENCE BEING GRANTED DO HEREBY UNDERTAKE TO OBSERVE ALL STATUTES, CONDITIONS, BYELAWS, ORDERS AND REGULATIONS FOR THE TIME BEING IN FORCE RELATING TO THE OPERATING OF AN OPERATORS LICENCE.

Applicants should be aware that by virtue of Section 57(3) of the Local Government (Miscellaneous Provisions) Act 1976, it is an offence punishable on summary conviction by fine to knowingly or recklessly make a false statement or omit any material particular in completing this form.

ANY PERSON WHO IS AGGRIEVED BY THE REFUSAL OF THE COUNCIL TO GRANT A LICENCE OR TO THE PLACING ON SUCH A LICENCE OF ANY CONDITIONS MAY APPEAL TO THE COUNCIL'S LICENSING APPEALS BOARD AND / OR A MAGISTRATES COURT.

Signature of Applicant Date.....

NOTE: THIS FORM MUST BE SIGNED PERSONALLY BY A DIRECTOR WHERE THE APPLICANT IS A LIMITED COMPANY, GIVING THE NAME OF THE SIGNATORY IN BLOCK LETTERS

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 within this Authority for the prevention and detection of fraud. It may also share this information with other bodies administering or in receipt of public funds solely for these purposes.

WHEN COMPLETED PLEASE RETURN THIS FORM TO:

Professional Services
 Professional Support Unit
 Colchester Borough Council
 33 Sheepen Road
 Colchester
 CO3 3WG

Customer Services will be pleased to assist you if you have any enquiry in regard to the completion of this form or about licensing in general please contact us on **01206 282520** between 09.00am and 17.00pm.

Customer Services operates a booking system, please telephone **01206 282520** to arrange a convenient appointment

Below is for official use only

		Initials
Amount of fee received:	£	
Date:		
Receipt number		

NOTES

.....

