

OFFICE USE ONLY	
Amount paid	
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APPLICATION FOR A HACKNEY CARRIAGE / PRIVATE HIRE VEHICLE 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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Please state which type of licence you are applying for (note that only one application per vehicle may be made per form)

Hackney Carriage		Private Hire	
New application		Existing Licence Number:	
Renewal application			
Expiry date of existing licence			

PART 1	GENERAL (Sole or Principal Applicant to complete in all cases)		
Surname		Forename (s)	
Home / Business Address:	_____ _____ _____		
Post code:	_____		
Home telephone number:		Email address:	
Mobile telephone number:		Fax number:	

PART 2	VEHICLE DETAILS OF THE VEHICLE TO BE LICENSED:		
Registration number		Plate number	
Make of vehicle:	Model of vehicle:	CC:	
Colour:	Date of first registration:	Number of doors:	
Number of persons the vehicle is licensed to carry as passengers:		Is the vehicle wheelchair accessible?	Yes / No * * please delete
For Hackney Carriage vehicles only: Taxi meter make			
For Hackney Carriage vehicles only:			

[Type text]

Taxi meter model	
Are the windows tinted?	Yes / No * * please delete
Name of the firm with which the vehicle will operate: (or your intended "business name")	
Are you the sole proprietor?	Yes / No * * please delete
If not, state truly the names, places of abode and interest in the vehicle of every proprietor or part proprietor of the vehicle and every other person concerned either solely or in partnership with any other person, in the keeping, employing or letting for hire of the vehicle. This would include the details of a hire purchase company	_____ _____ _____ _____ _____
If this application is being made by a Company <input type="checkbox"/> then please give details of all Directors and the Company Secretary and if by a Partnership <input type="checkbox"/> all partners. (Please tick the relevant box.)	_____ _____ _____

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.

Please tick this box to confirm that you have read and understood the policy for the authority to which you are making the application and that you agree to comply with the conditions set out within it.

I/we also declare that there is in force, and will be during its use as a Hackney Carriage/ Private Hire vehicle, a policy of insurance or such security as complies with the requirements of Part VI of the Road Traffic Act 1988, and which covers use for private or public hire relevant to the vehicle licence being applied for.

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

Signature:		position/authority
Signature:		position/authority

Please enclose/produce the following documents with your application

Vehicle registration document (V5) – original documents will be returned	<input type="checkbox"/>
Certificate of insurance referred to above – original documents will be returned	<input type="checkbox"/>
Licence fee	<input type="checkbox"/>

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 completed form with the fee to:
The Licensing Partnership, P.O. Box 182, Sevenoaks, Kent, TN13 1GP
(Cheques must be made payable to 'Sevenoaks District Council')

Note: Any person acting as a driver of a Hackney Carriage or Private Hire vehicle without having first obtained a driver's licence from the relevant Licensing Authority will be liable to prosecution and if the applicant knowingly or recklessly makes a false statement or omits any material particulars in answering the aforementioned questions, he/she shall be guilty of an offence.

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[Type text]

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