

	Renewal vehicle	
	New vehicle	wef
	Replacement vehicle	wef

OFFICIAL U	ISF	ONI	₹

LICENCE NUMBER:

EXPIRY DATE:

6 YEAR'S ON:

FEE:

HACKNEY CARRIAGE VEHICLE LICENCE APPLICATION

Before completing this form please read the notes overleaf.

	Proprietor		Part Prop	rietor	
FULL NAME:					
ADDRESS:					
TELEBLIONE NUMBER.					
TELEPHONE NUMBER:					
DATE OF BIRTH:					
EMAIL ADDRESS:* * If you would like us to correspond	with you by email please pro	vide vour	email address		
Vehicle Make:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Model:			Petrol/Diesel (delet	e as appropriate)	
Registration Number:		Numbe	er of Passengers:		
Date of First Registration:	*If over 1 year old see note 10 ove	erleaf	Wheelchair Accessible?	/ES/NO	
Vehicle Operators Name:					
Address:					
If replacement vehicle, please g	ive the registration number	r of vehic	cle to be replaced.	(see note 12	
I certify that the above details a	e, to the best of my knowle	edge, a t	rue and correct re	cord.	
I confirm that the vehicle to which be used predominantly for journ	• •				
I give consent for a copy of my request.	give consent for a copy of my vehicle licence to be provided to my insurance company upon equest.				
I have read the Council Policy re that I will comply with all terms a		e/Private	e Hire Licensing ar	nd certify	
Signed:	Signed:				

Before completing this form please read the following notes:-

- 1. The information on this application form will be treated as confidential.
- 2. This form on completion should be returned to the Licensing Section, Civic Centre, Victoria Road, Hartlepool, TS24 8AY.
- 3. The Applicant must be a proprietor of the vehicle and must provide details of himself and any other part proprietor of the vehicle.
- 4. A fee is payable on submission of this application form and for which an official receipt must be given.
- 5. The submission of this application does not imply that a licence will be granted. The application will not be considered unless the vehicle is capable of complying with the byelaws and licence conditions prescribed by the Council.
- 6. Where the application is favourably considered it will be necessary for :
 - (a) the vehicle to be submitted for mechanical examination
 - (b) the vehicle to have a taximeter installed, tested and sealed
 - (c) the appropriate insurance certificate or cover note to be produced
 - (d) the vehicle to be equipped to meet the byelaws and conditions attached to the licence
- 7. An application for renewal must be made well in advance of the date of expiry. A Hackney Carriage Vehicle Licence is granted subject to the vehicle being submitted for a second examination within six months of the grant of the licence.
- 8. If any person in making application for a licence knowingly or recklessly makes a false statement or omits any material particular he shall be guilty of an offence. (Local Government (Miscellaneous Provisions) Act 1976 Section 57).
- 9. 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 www.hartlepool.gov.uk/licensing or contact Mr Noel Adamson, Head of Audit and Governance on 01429 266522 ext 3173.
- 10. By law, Hackney Carriages must obtain an MOT certificate on the FIRST anniversary of first registration and annually thereafter.
- 11. The word 'predominantly' as referred to overleaf shall mean 90% of all pre-booked work within any continuous 7 day period.
- 12. Please note that you must cancel any mechanical inspection due for the current vehicle. Failure to do so may result in you being charged a "no show" fee.

Please note that once an applicant is granted a Hackney Carriage licence, his/her name, address and plate number shall be entered in a Register, which is available for public inspection.

FOR OFFIC	AL USE ONLY
Receipt No's	_
Mechanical required YES/NO Date carried out: _	
Insurance required YES/NO	
Company:	Certificate No
Insurance Start Date:	Expiry Date:
	ls ls
Plates Issued By:	Issue Date:
Licence Start Date:	Expiry Date: