

DATE PAID: AMOUNT: RECEIPT N°:

APPLICATION FOR PRIVATE HIRE OPERATOR'S LICENCE

(If insufficient space to any reply, please continue on separate sheet of paper and attach to this form.)

1.	APPLICANT'S SURNAME:				
	FORENAMES:				
	Do you intend to operate the business above? YES / NO				
2.	NAME OF PROPOSED COMPANY:				
	REGISTERED COMPANY N°:				
	REGISTERED ADDRESS:				
	OPERATING ADDRESS:				
	TELEPHONE N ^O :				
	EMAIL:				
3.	NAMES AND HOME ADDRESS OF APPLICAN				
	NAME:	ADDRESS:			
	TEL N ^o :				
	EMAIL:				
	NAME:	ADDRESS:			
	TEL N ^o :				
	EMAIL:				
4.		operate private hire vehicles with this or any other			
	authority? OR (b) Have you ever held such a licence, but had it suspended or revoked?				
	If so, give details:				
5.	If you are, or at any time have been, the Director or Secretary of a Company (other than that named above):				
	(a) Give details of any convictions recorded				
	against that Company at any time:				
	(b) Give details of the trade or business				
	(b) Give details of the trade or business activities carried out by that Company:				
	, , ,				
	(c) Give details of any previous applications				
	made by that Company for an operator's licence:				
	(d) Give details of any revocation or				
	suspension of that licence:				

6.	If you propose to operate the business in partnership with any person, give the same information as that required in 5 above in respect of each such person:					
7.	If you are making application on behalf of a Company, give the same information as that required in 5 above in respect of the Secretary or any Director of that company:					
8.	If you are to operate the business alone, give details of any sentences (including fines) imposed on you in respect of offences of any kind whatsoever:					
	Date of Conviction	Offence	Court	Sentence or Order of the Court		
	DBS-EXPIRY FOR	R ALL APPLICANTS:		-		
9.	PLANNING PERMISSION					
	 (a) Have you discussed this matter with an Officer in the Council's Planning Department? YES / NO (b) If "YES", please state the name of the Officer and the date of discussion: Please give a summary of the advice given by the Planning Officer: 					
	If the matter has been the subject of correspondence with the Planning Department, please submirelevant copies.					
10.	PUBLIC LIABILITY INSURANCE					
11	Please supply a copy of the Insurance Certificate. (This must cover your operating base.)					
11.	Give details of car parking provision for your private hire vehicles:					
12.	How many vehicles do you propose to operate?					
true				etails given on this form are gal requirements should the		
Signed:			Dated:			
NOT	<u>ES</u>					

- 1. It is an offence, punishable on summary conviction by a fine not exceeding four hundred pounds knowingly or recklessly to make a false statement or omit any material particular in the completion of this form. The making of such false statements or omission may also result in the immediate suspension or revocation of the licence.

 2. This form must be completed and returned to Taxi Licensing, Ribble Valley Borough Council, Council Offices, Church Walk, Clitheroe, BB7
- 3. The form must be accompanied by the correct licence fee, the statement of fares normally to be charged in vehicles operated by you.