

Blackpool Council

APPLICATION FOR A PRIVATE HIRE OPERATOR LICENCE

Applicants Name:



Licensing Service
Blackpool Council
Municipal Buildings, PO Box 4
Blackpool, FY1 1NA

Contact

T: (01253) 47 8343 / 8570
F: (01253) 47 8372

www.blackpool.gov.uk

| Type of Licence | | | |
|---------------------|--|---------------------|--|
| New Application | | Renewal Application | |
| 1 Year | | 3 Years | |
| 10 Vehicles or Less | | 11 Vehicles or more | |

1. Your Details

(A) INDIVIDUAL APPLICANTS

| | | | | | | | | | | | |
|---------------------------|-----|-----|------|----|---------------|-----------|--|-------|--|------|--|
| Title: | Mr | Mrs | Miss | Ms | Other | | | | | | |
| | | | | | | | | | | | |
| Forename(s) | | | | | Surname | | | | | | |
| Please tick | | | | | | | | | | | |
| I am 65 years old or over | Yes | | No | | Date of Birth | Day | | Month | | Year | |
| | | | | | | | | | | | |
| Home Address | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | Post Code | | | | | |
| Telephone Number | | | | | Mobile Number | | | | | | |
| E-Mail Address | | | | | | | | | | | |
| Place of birth | | | | | | | | | | | |
| National Insurance Number | | | | | | | | | | | |
| Driving Licence Number | | | | | | | | | | | |

(B) OTHER APPLICANTS e.g. for limited companies

Please provide name and registered address of the applicant in full. Where appropriate please give any registered number. In the case of a partnership or other joint venture (other than a body corporate), please give the name and address of each party concerned.

| | | | | | | | | | | | |
|---------|--|--|--|--|--|-----------|--|--|--|--|--|
| Name | | | | | | | | | | | |
| Address | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | Post Code | | | | | |

| | |
|---|--|
| Telephone Number | |
| E-Mail Address | |
| Registered number (where applicable) | |
| Description of applicant (e.g. partnership, company, unincorporated association) | |
| | |

2. Have you ever had any licences revoked or suspended?

| | |
|-----|----|
| Yes | No |
|-----|----|

Delete as appropriate

If Yes, please give details:

| |
|--|
| |
|--|

3. Have you ever been refused the grant of a licence?

| | |
|-----|----|
| Yes | No |
|-----|----|

Delete as appropriate

If Yes, please give details:

| |
|--|
| |
|--|

4. Business Details:

| | |
|---------------------|--|
| Company Name | |
|---------------------|--|

| | | | | | | | | | | |
|------------------------|--|------------------|--|--|--|--|--|--|--|--|
| Trading Address | | | | | | | | | | |
| | | | | | | | | | | |
| | | Post Code | | | | | | | | |

| | | | |
|---------------------------|--|------------------------|--|
| ☎ Telephone Number | | ☎ Mobile Number | |
|---------------------------|--|------------------------|--|

| | |
|-----------------------|--|
| E-mail Address | |
|-----------------------|--|

5. Do you have planning consent to use these premises as a private hire business?

| | |
|-----|----|
| Yes | No |
|-----|----|

Delete as appropriate

6. Do you have a valid copy of your Public Liability Insurance Certificate? (please attach copy)

| | |
|-----|----|
| Yes | No |
|-----|----|

Delete as appropriate

I HEREBY CERTIFY that the particulars contained in this application are true and I acknowledge that if I have stated in this application anything which I know to be false, or if I have omitted anything which I know to be material, any such misrepresentation or omission may be taken into account when my application is considered, and may also render me liable to prosecution. I am aware that the grant of this licence is subject to a police record check. I have read the contents of this application form and understand that spent convictions are considered by the Licensing Authority.

Usual Signature

| |
|--|
| |
|--|

Print Name

| |
|--|
| |
|--|

Date

| | | |
|--|--|--|
| | | |
|--|--|--|

7. Conviction Declaration

Details must be entered below of any convictions of whatever kind recorded against any of the persons named in Section 1 in the past seven years. Read the notes below carefully before answering.

You must disclose ALL convictions (including traffic offences) unless that conviction is regarded spent by the Rehabilitation of Offenders Act 1974. Spent convictions need not be disclosed to the Council.

If there are none, write NONE in the column headed OFFENCE.

Notes:

1. If the applicant is or has been a director or secretary of a company, information as to any convictions recorded against that company at any relevant time; any trade or business activities carried on by that company; any previous application made by that company for an Operator's Licence; and any revocation or suspension of an Operators Licence previously held by that company.
2. If the applicant is a company, information as to any convictions recorded against a director or secretary of that company; any trade or business activities carried on by any such director or secretary; any previous application made by such director or secretary for an operators licence; and any revocation or suspension of an Operators Licence previously held by such director or secretary.
3. If the applicant proposes to operate the vehicle in partnership with any other person, information as to any convictions recorded against that person; any trade or business activities carried on by that person; any previous application made by that person for an Operators Licence; and any revocation or suspension of an Operators Licence previously held by that person.

Please continue on additional sheets for further information.

| DATE | OFFENCE | COURT | SENTENCE |
|------|---------|-------|----------|
| | | | |

INFORMATION REQUIRED UNDER NOTES 1, 2 & 3 OTHER THAN CONVICTION DETAILS:

I list above all offences for which I have been convicted which need to be declared

Usual Signature

Print Name

Date

| | | |
|--|--|--|
| | | |
|--|--|--|