

## Licensing Section, PO Box 13, Chorley, PR7 1AR Telephone 01257 515151 - Fax 01257 515150

You are advised to read the notes before completing this form

## LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1976 Section 47 APPLICATION FOR HACKNEY CARRIAGE VEHICLE LICENCE GRANT

(Restricted to Existing Proprietors only)

All boxes marked with a \* must be completed by applicant

IDOX Reference:						
*Full name of applicant(s) (Proprietors) (The names of the vehicle's registered owner and <b>all</b> persons concerned in the hiring of the vehicle must be given) (see note (i))						
*Address(s) of applicant(s) (Proprieto	nre)					
	Po	st Code:				
* Mobile Telephone Number:	Landline Telephone Nu	Landline Telephone Number				
E-mail:						
What is the trade name, address & te	elephone number of business?					
Where applicable, what is the name,	address & telephone number of the private	hire operator for	this vehicle?			
		1				
*Please provide Vehicle Registration						
*Is the application for a Disabled Acc	Yes	No				
State preferred choice of testing stati	on					
Approved Garages						
AutoCentre, Friday Street, Chorley. 0 RCJ Motors, Southport Road, Chorle						
Chorley Autocare, Friday Street Chor Preferred time for appointment						
Date and time taxi test is booked						
Please mention any dates/times whe for testing						
* Meter make	*Serial No:	*Please provide calibration certificate for the meter				
Are you presenting a trailer to be use	Yes	No				

Vehicle Checklist- to be completed by the Inspecting Officer The vehicle must be presented for testing within 7 days of the date of this inspection							
Officer Name:	Date & Time of Inspection:						
VRM:	Vehicle Make:		Model:	Model:			
Colour:	Passenger Capacity:		No of Door	No of Doors:			
NCAP Rating (4* and above):	Emissions Standard (Euro 5+):						
Recorded Mileage:	Name of person presenting the Vehicle:						
Date of first UK registration (taken from V5)	HPI Report present? YES / NO Any Write Off? YES/NO *if there is any write off the car cannot be licenced						
Petrol/Diesel/LPG/Hybrid							
Is the vehicle Wheelchair Accessible?	Yes		No	No			
Does the Vehicle meet Disabled Access Criterion?	Yes		No	No			
Does the vehicle meet current requirements for: Condition of Exterior	Yes No- give reasons:						
Does the vehicle meet current requirements for: Condition of Interior	Yes No- give reasons:						
Please record any dents or scratches etc that fall within acceptable limits:							
Please record any documents provided in support of the application (E.G. engineers reports, Service Records)							
Is the Vehicle presented suitable for Licensing?			Yes	No			
Local Government (Miscellaneous provisions) Act 1976 sec 48(7) If no give reasons for rejection:			Officer Signature or stamp and date	Officer Signature or stamp and date			

Applicant Checklist- tick this column only	Checklist to be completed by Customer Service- all documents to be copied and attached to IDOX record							
1	Vehicle Registre Document (V5)	) \	V5 in applicant name or copy of V5 in previous owner with new			Recorded and checked by Customer Services	(Initials of CSO)	
2	Where applicat confirmed Meter head fitted	tion has	owners supplement Valid Calibration Certificate and Table of fares provided		and Recorded and checked by Customer Services		(Initials of CSO)	
registration num	ber and that the v	ehicle is insu	red for use to carr	y passengers	for eit	r cover note which indicates her, public hire, private hire ate cannot be issued until th	or both before	
· · ·	Name of Insurance company						(Initials of CSO)	
	Registration No on Insurance C				Recorded and checked by Customer Services		(Initials of CSO)	
3	Insurance Certificate/ cover note states insured for passenger use Valid from Where Named Driver on Insurance Certificate/ cover note HPI report (except for brand new vehicles)– check vehicle identity. Record any write offs?		Public Hire Private Hire Both		Recorded and checked by Customer Services(Initials CSO)		(Initials of CSO)	
			Name of Drivers: Rec Cus mus Cho Cop che			cked and recorded on X by Customer Services	(Initials of CSO)	
					Cus mus	orded and checked by tomer Services- Driver t have appropriate rley badge	(Initials of CSO)	
					ied, Recorded and cked by Customer vices	(Initials of CSO)		
	Taxi Test		IDOX Ref:		CSC	D issued garage with No.	(Initials of CSO)	
4 5	4120/60085 4120/60228	HCV licent MOT	ce grant	£109.13 £54.85		orded and checked by tomer Services- scan pipt	(Initials of CSO)	
6	4120/60229	Vehicle Te	est (inc VAT)	£10.25		al Payment =		
7	4120/60085	Licence Pl	ivery including Rear icence Plate		£213.79			

NB. Failure to answer all questions will cause delay in processing your application.

Declaration: I declare I have never been refused the grant or renewal or have never had a licence revoked for a Hackney Carriage or Private Hire vehicle with this or any other authority. The Vehicle for which this licence application is made is not licenced as a Hackney Carriage or Private Hire vehicle with any other authority. I confirm that I am the registered keeper of the vehicle. I confirm that the New Keeper Supplement of the Vehicle Registration Document (V5) has been completed with my name and address (or in the name of a company for which I am authorised to act for), and sent to the DVLA in accordance with the legal requirements.

Print Name:

Signed:

Dated:

(Any Additional Proprietors Sign below)

Print Name:

Signed:

Dated:

**Print Name:**