

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 48

APPLICATION FOR PRIVATE HIRE VEHICLE LICENCE GRANT

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 all persons concerned in the hiring of the vehicle must be given) (see notes) | | |
|---|-----|----|
| *Address(s) of applicant(s) (Proprietors) | | |
| * Mobile Telephone Number: | | |
| Landline Telephone Number | | |
| E-mail: | | |
| What is the trade name, address & telephone number of business? | | |
| *What is the name, address & telephone number of the private hire operator for this vehicle? | | |
| *Please provide Vehicle Registration Number (V5 must be presented) | | |
| Is the application for a Disabled Access Vehicle? | Yes | No |
| State preferred choice of testing station Approved Garages: A & A Autocare Ltd, Adlington 01257 480168 AutoCentre Ltd, Chorley 01257 269298 Chorley Autocare Ltd, Chorley 01257 264517 Roy Christopher's & Sons, Eccleston 01257 451366 RC J Motors, Chorley 01257 451016 Weldbank Garage, Chorley 01257 263993 | | |
| Preferred time for appointment | | |
| Please mention any dates/times when you would not be able to take the vehicle for testing | | |
| Date and time taxi test is booked | | |

| *Is a meter / data-head fitted? | Yes | No |
|--|-----|----|
| If Yes please provide table of fares and calibration certificate for a meter | | |
| Meter / data-head make | | |
| Serial No: | | |
| Are you applying for a plate exemption? (this will only be considered where all appropriate criterion are met) | Yes | No |
| Are you presenting a trailer to be used in conjunction with the vehicle | 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: |
| Colour: | Passenger Capacity: |
| | 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 | HPI Report present? YES / NO Any Write Off? YES/NO |
| V5) | *if there is any write off the car cannot be licenced |
| Petrol/Diesel/LPG/Hybrid | |
| Is the vehicle Wheelchair Accessible? | Yes No |
| Does the Vehicle meet Disabled Access Criterion? | Yes No |
| Does the vehicle meet current | Yes |
| requirements for: Condition of Exterior | No- give reasons: |
| | The give reasons. |
| | |
| | |
| Does the vehicle meet current requirements for: Condition of Interior | Yes |
| | No- give reasons: |
| | |
| | |

| Yes No |
|-------------------------------------|
| |
| Officer Signature or stamp and data |
| Officer Signature or stamp and date |
| Officer Signature or Stamp and date |
| Officer Signature of Stamp and date |
| |

Checklist to be completed by Customer Service- all documents to be copied and attached to IDOX record

| Applicant checklist – tick this column only | | | | |
|--|--|---|--|-------------------|
| 1 | Vehicle Registration Document (V5) | V5 in applicant name or copy of V5 in previous owner with new owners supplement | Recorded and checked by Customer Services | (Initials of CSO) |
| 2 | Where application has confirmed Meter/Data-head fitted | Valid Calibration Certificate and Table of fares provided | Recorded and checked by Customer Services | (Initials of CSO) |

The Council must have sight of the **original insurance certificate and full policy** or cover note which indicates the vehicle registration number and that the vehicle is insured for use to carry passengers for either, public hire, private hire or both before the licence can be granted. However, an application can still be processed but the plate cannot be issued until this section is completed

| | Name of Insurance company | | Copy of certificate and full policy- checked by Customer Services | (Initials of CSO) |
|---|---|--|--|-------------------|
| | Registration No of Vehicle on Insurance Certificate | | Recorded and checked by Customer Services | (Initials of CSO) |
| 3 | Insurance Certificate/ cover note states insured for passenger use | Public Hire Private Hire Both | Recorded and checked by Customer Services | (Initials of CSO) |
| | Valid from | Valid to | Checked and recorded on IDOX by Customer Services | (Initials of CSO) |
| | Where Named Driver on Insurance Certificate/ cover note | Name of Drivers: | Recorded and checked by Customer Services- Driver must have appropriate Chorley badge | (Initials of CSO) |
| | HPI report (except for brand new vehicles) – check vehicle identity. Record any write offs? | | Copied, Recorded and checked by Customer Services | (Initials of CSO) |
| | Taxi Test | IDOX Ref: | CSO issued garage with No. | (Initials of CSO) |
| 4 | 4120/60085 | PHV licence grant £105.18 | Recorded and checked by Customer Services- scan receipt | (Initials of CSO) |
| 5 | 4120/60228 | MOT £54.85 | Recorded and checked by Customer Services- scan receipt | (Initials of CSO) |
| 6 | 4120/60229 | Vehicle Test (inc VAT) £10.25 | | |
| 7 | 4120/60085 | Livery including Rear Licence Plate £39.56 | Total Payment = £209.84 | |

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: | Signed: | Dated: |