



# Application for a Hackney Carriage Vehicle Licence

## Local Government (Miscellaneous Provisions) Act 1976

### Town Police Clauses Act 1847

#### Licensing, Environmental Services

Elizabeth House, Church Street, Stratford-upon-Avon. CV37 6HX

Telephone: 01789 260211 Facsimile: 01789 260808 Minicom: 01789 260747 Website: www.stratford.gov.uk

Please read the guidance notes before completing this form

Type of application (please tick as appropriate) Grant  Renewal

### 1. USE OF VEHICLE

Will the vehicle be operated predominantly in the Stratford-on-Avon District Area: Yes  No

### 2. VEHICLE DETAILS

Vehicle Registration Number:

Plate Number:

Make of Vehicle:

Model:

Colour:

Engine Size (cc):

Number of seats (excl driver):

Date first registered:

Chassis Number:

Fuel (please tick as appropriate) Petrol  Diesel  LPG

### 3. APPLICANT'S DETAILS

Surname:

Forename(s):

Address:

Postcode:

Telephone No:

Mobile No:

### 4. INSURANCE DETAILS

Name of Insurer:

Document Type (please tick as appropriate) Cover Note  Certificate

Period of Insurance: Start Date    Expiry Date

## 5. TAXIMETER DETAILS

Meter Make:

Model:

Calibrated to SDC rates:

Yes  No

Calibration date:

dd	mm	year
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By:

## 6. OWNERSHIP DETAILS

Sole owner of the vehicle:

Yes  No

If No, name(s) of other owner(s):

Address:

Finance arrangement in place:

Yes  No

If Yes, name of company:

## 7. I hereby apply for a Hackney Carriage Vehicle Licence and enclose:

1. The vehicle registration document
2. The bill of sale for the vehicle (first time applications only)
3. A current certificate of insurance or a cover note
4. A current department of transport test certificate (new vehicles only) - after one year of age
5. Vehicle Inspection Report (if not available, it must be submitted prior to issue of licence)
6. The licence fee

## DECLARATION

I declare that I have checked the information given on this form and that to the best of my knowledge and belief it is correct.

I undertake to comply with the relevant legislation, application procedures administered by Stratford-on-Avon District Council and to notify the Council of changes in my personal/business circumstances during the period of any licences issued.

Signature:

PRINT NAME:

Date:

dd	mm	year
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Stratford-on-Avon District Council 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 <http://www.stratford.gov.uk/datamatching>

The Council would like to use the information that you provide to ensure that we are using your correct details for all the services the Council provide. Please tick the box below if you do not agree to this.