

## **Application for a Hackney Carriage Vehicle Licence**



Local Government (Miscellaneous Provisions) Act 1976 Town Police Clauses Act 1847

**Stratford-on-Avon District Council** 

Licensing, Elizabeth House, Church Street, Stratford-upon-Avon. CV37 6HX
Telephone: 01789 267575 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 app	propriate) Grant Renewal	
1. USE OF VEHICLE		
Will the vehicle be operated predomin	antly 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):		
Chassis Number:		
Date first registered: DD/MM/YYYY		
Number of seats (excl driver)	Number of passenger seats available when a wheelchair is loaded	
Fuel (please tick as appropriate)	Petrol Diesel LPG	
3. APPLICANT'S DETAILS		
Surname		
Forename(s):		
Address		
Postcode		
Telephone Number		
Mobile Number		
Email Address		
4. INSURANCE DETAILS		
Name of Insurer:		
Document Type (please tick as appropriate)  Cover Note  Certificate		
Insurance Start Date: DD/MM/YY	/	

5. TAXIMETER DETAILS	
Meter Make:	
Meter Model:	
Calibrated to SDC rates:	Yes No
Calibration Date: DD/MM/YYYY	
Calibrated By	
6. OWNERSHIP DETAILS	
Sole owner of the vehicle:	Yes No If No, complete the following:
Name(s) of other owner(s):	
Address	
Postcode	
Finance arrangement in place?:	Yes No If Yes, complete the following:
Name of Finance Company:	
6. I hereby apply for a hack	ney carriage vehicle licence and enclose:
1. The vehicle registration docur	nent
2. The bill of sale for the vehicle	(first time applications only)
3. A current certificate of insuran (This must cover the commen	ice or a cover note
•	port test certificate (MOT) and Vehicle Inspection Certificate
5. The licence fee	
DECLARATION	
correct. I undertake to comply with the District Council and to notify the Courlicences issued. The information that eligibility for a Private Hire/Hackney C Local Authorities, the Police, Social Second	rmation given on this form and that to the best of my knowledge and belief it is e relevant legislation, application procedures administered by Stratford-on-Avon ncil of changes in my personal/business circumstances during the period of any you have provided on this form will be used by the Council to determine your carriage Driver's Licence. The Council may also share this information with other ervices, DVSA, DVLA and HMRC in order to clarify information that you have armation that will assist it in determining your eligibility for a Private Hire/Hackney
If you would like further information of Stratford-on-Avon District Council.	n how the Council will use your information please contact the Licensing Team at
Signature	
PRINT NAME	
Date of Signing DD/MM/YYYY	/ 2 0

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