



Application for an Omnibus Licence



Town Police Clauses Acts 1889 and 1847

Stratford-on-Avon District Council, Licensing Team

Governance and Democracy, Elizabeth House, Church Street, Stratford-upon-Avon. CV37 6HX
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If you find the text on this form difficult to read we may be able to supply it in a format better suited to your needs.

PRIVACY STATEMENT

The personal data that you provide will be used in the determination of your application, matters in connection with any licence issued and for reference in the event of future applications you might make, the legal basis for this processing is that it is necessary for compliance with the legal obligations to which Stratford-on-Avon District Council is subject.

You must complete this form in order for us to determine your suitability for a licence and enable us to administer your licence should any be granted. If you do not complete this form we will not be able to determine your suitability for a licence or administer any licence issued, so the licence application will be refused.

Your personal data may be shared with Warwickshire Police, the Disclosure and Barring Service, the DVSA , other licensing authorities, Councillors who sit on the licensing committee in the case of your application/licence requiring their attention, some information will be publically available should your application be heard by a licensing committee, internal council departments who require access to your information for the purposes of administration, regulation and law enforcement, the Cabinet Office as part of the National Fraud Initiative, HM Revenue and Customs, National Anti-Fraud Network.

Your data will be kept for the duration of the time you hold a licence issued by Stratford-on-Avon District Council, and will be destroyed 6 years after the date your licence expired.

You have the right to access your personal data and to complain if you think your data is being used incorrectly. You may also have other rights, such as to have your data corrected or erased. For full details on your personal data rights please see the Council's main Privacy Notice on www.stratford.gov.uk

For the Data Controller and Data Protection Officer's contact details and further information please see the Council's main Privacy Notice on www.stratford.gov.uk

Type of application (please tick as appropriate)

Grant

Renewal

1. Applicant Details (BLOCK CAPITALS)

Surname

Forename(s)

Address

Postcode

Contact number

Mobile number

Email address

2. Ownership Details (BLOCK CAPITALS)

Are you the sole proprietor of the carriage?

YES

NO

If no, state the full name(s) and address of the other person(s) who are also proprietors of the carriage, or who are concerned in the keeping, employing or letting for hire of the carriage.

Name	<input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/>
Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Nature of their interest	<input type="text"/>
Contact number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Mobile number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Email address	<input type="text"/>

3. CARRIAGE DETAILS (Attach photograph)

Type of carriage	<input type="text"/>
Make	<input type="text"/>
Model	<input type="text"/>
Serial Number	<input type="text"/>
Number of passenger seats	<input type="text"/> <input type="text"/>
Date of manufacture (DD/MM/YYYY)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Colour	<input type="text"/>
Address where the carriage is normally kept when not in use as an omnibus	<input type="text"/> <input type="text"/> <input type="text"/>
Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

I hereby apply for an Omnibus licence and I have enclosed (tick)

Proof of ownership of the carriage

A current certificate of public liability insurance

A certificate and any associated documents showing that the carriage and you have passed Driving Horses on the Public Highway (Road driving test for commercial harness horse drivers) as administered by the British Driving Society with the appropriate turnout for your carriage, where there has been a driving in an urban environment element to the examination. Where the carriage you intend to licence has been subjected to the examination prescribed by the syllabus for the Driving Horses on the Public Highway assessment.

Completed certificates of horse identity and fitness completed by Veterinary Surgeon for each horse that is to be used for drawing the omnibus.

The horse passport for each horse that is to be used for drawing the omnibus

A detailed route including the start and finish points and any proposed stands

A completed Health and Safety Risk Assessment that covers all aspects of the operation of the omnibus, including assessment of any risks particular to the chosen route, stands and start and finish points.

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.

I agree that if I, or my servants, infringe or neglect to comply with any of the conditions subject to which the licence is issued or held, such licence shall be liable to be revoked by the Council

Applicant's Signature

PRINT NAME

Date of signing (DD/MM/YYYY)

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	2	0	<input type="text"/>	<input type="text"/>
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