



# Private Hire Vehicle Operator Licence Application

<i>For Office Use: Flare Number</i>							
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**SECTION 55 LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT, 1976**

**SECTION A – THE APPLICANT/S**  
*Full name and address of person(s) or limited company wishing to operate Private Hire vehicles*

Name		D.o.B							
Home Address									
		Postcode							
Home Tel No.									
Mobile No.									
DVLA No.						Issue No.			
Email						CRB Produced	<input type="checkbox"/>		

Name		D.o.B							
Home Address									
		Postcode							
Home Tel No.									
Mobile No.									
DVLA No.						Issue No.			
Email						CRB Produced	<input type="checkbox"/>		

**SECTION B – DIRECTORS or PARTNERS**  
*If the applicant is a partnership or limited company set out below the names and addresses of all Directors or Partners (continue on separate piece of paper if necessary).  
 If the applicant is a limited company please provide a certificate of incorporation.*

Name		D.o.B							
Home Address									
		Postcode							
Home Tel No.									
Mobile No.									
DVLA No.						Issue No.			
Email									

<b>SECTION B (continued)</b>											
Name		D.o.B									
Home Address											
		Postcode									
Home Tel No.											
Mobile No.											
DVLA No.							Issue No.				
Email											
Has any person named above ever been refused or had an Operator's licence suspended or revoked by this or any other Council											
						Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
If yes, when, where and why?											
Date						Name of Council					
Reason											
						Has any person named above ever been convicted of any offence?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
If yes, please give details											

Continue on a separate sheet if necessary

<b>SECTION C – THE BASE</b>										
<b>Please give name of Base and Address at which you intend to carry on business as an Operator</b>										
Name										
Address										
		Post Code								
1. Business Tel.					2. Business Tel					
Does the proposed premise hold appropriate planning permission?						Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
If Yes, please provide the Application Number										
How many vehicles do you intend to operate from the base?										
Please provide details of all vehicles and drivers that you intend to operate using the attached table										
<b>SECTION D – DECLARATION OF APPLICANT/S</b>										
I/we declare that to the best of my/our knowledge and belief, the information given on this application is true and correct. And I/we understand that to knowingly or recklessly make a false statement or omit information in connection with this application is a criminal offence. If a licence is granted I/we undertake to comply with all conditions attached to such licence										
Applicant Name				Signature				Date		

**SECTION E – FOR OFFICE USE ONLY**

Date Submitted							Officer Initials			
Receipt Number										
Fee Paid £						:				
CRB Received	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	List of Vehicles Received	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Have you updated	PRU	<input type="checkbox"/>	MAU	<input type="checkbox"/>	NAU	<input type="checkbox"/>				
Have Door Signs been submitted for approval	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>						
Have Door Signs been approved	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Officer					
If Door Signs are approved send endorsed colour copy to Cromer Road Test Centre										



Name of Base .....

Date .....

No	Call Sign	Plate No.	Reg. No.	Make	Model	Colour	Drivers Name and Address
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							