

Plate Number	HCV
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Application for a Hackney Carriage Vehicle Licence

New Application Transfer Application Transfer Plate Application

Full Name(s)
(Plate holder details)

Address

Postcode

Telephone number

Mobile number

Email address

National Insurance Number

Date of Birth

Name of Business

Business Address
(if different from above)

Business Email

Vehicle Details

Registration Number

Make and model

Date of first Registration

CC

Colour

Fuel Type

Petrol

Diesel

Hybrid

Is the vehicle adapted as wheelchair accessible?

Yes

No

Number of seats excluding the driver

Name of driver

Insurance Details

Is the vehicle insured for public hire and reward?

Yes

No

Name of Insurance company

Policy Number

Date insurance expires

If changing vehicle, please give details of existing vehicle

If a transfer application, has the vehicle had a visual

Yes

No

If you are not the sole proprietor or party involved with the Hackney Carriage, please provide the name and address for all other interested parties.

Name & Address

Capacity of Interest
(eg driver of vehicle, plate
owner, vehicle owner)

Name & Address

Capacity of Interest
(eg plate owner, vehicle owner)

New Applicants Only

Have you previously held or been refused a Hackney Carriage Licence?

Yes No

If so, state where and details
of vehicles concerned

Declaration

I, being the owner/part owner of the above vehicle, apply for a licence to operate this vehicle as a Hackney Carriage in the Thanet District Council area and enclose the appropriate fee. I undertake that, in the event of this application being granted, the vehicle for which the licence is issued will be used solely as a Hackney Carriage. I understand that, in the event of the vehicle not being used, the Council reserves the right to revoke the licence.

Thanet District Council shares information with other enforcement agencies in order to prevent and detect crime. Such information sharing will comply with the Information Commissioner's guidelines.

This Authority 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 within this authority for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds solely for these purposes.

Signature(s)

Date

If signing on behalf of a company or partnership owning the vehicle, state in which capacity.

NOTE: Any person knowingly or recklessly making a false statement or who omits any material particular in giving information, commits an offence and is liable on conviction to a fine under section 57(3) of The Local Government (Miscellaneous Provisions) Act 1976.

For office use only	
Fee Renewal/New	£
Transfer	£
Receipt No and date paid	
Letter of authorisation (if needed)	
Visual/Meter - Officer and Date	
Certificate of Compliance Expiry date	
Valid Insurance dates	
Ownership details	
Application examined by customer services advisor (Print Name)	
Date received	