

APPLICATION FOR A HACKNEY CARRIAGE VEHICLE LICENCE

Please read the guidance notes before completing this form Please note if your vehicle is over 8 years old at renewal you will only be issued with a six month licence.

Type of application (Please ✓) First Grant

Email Address:

| , | | | | _ | | | |
|---|----------------|-----|--|----|-----|----|---|
| Use of Vehicle (Please ✓) | | | | | | | |
| Will the vehicle be operated predominantly in North Somerset Council' area? | | | | | | No | T |
| Is the vehicle wheel chair accessible? | | | | | Yes | No | |
| Is the vehicle rented out to another driver? | | | | | Yes | No | |
| Vehicle Details | | | | | | | |
| Vehicle Registration Number: | | | | | | | |
| Plate Number: | | | | | | | |
| Make and model of Vehicle: | | | | | | | |
| Colour: | | | | | | | |
| Number of seats (excl. driver) | | | | | | | |
| Date first registered | | _ | | | | | |
| Does the vehicle have an MOT vof this application? | vithin 30 days | Yes | | No | | | |
| If no, please provide more information: | | | | | | | |
| Vahiala Oumania Dataila | | | | | | | |
| Vehicle Owner's Details | | | | | | | |
| Vehicle Owner's Full Name: | | | | | | | |
| Address of Vehicle Owner: | | | | | | | |
| | | | | | | | |
| | Post code | | | | | | |
| Contact telephone number: | | | | | | | |

Licensing Office: Tel: 01934 426 800 Email: <u>licensing@n-somerset.gov.uk</u> LTA01 (2021)

| Taximeter Deta | ails | Please ✓ | | | | | | | | |
|--|--|----------|--|-----|--|--|--|---|--|--|
| Meter Make: | | | | | | | | | | |
| Model: | | | | | | | | | | |
| Calibrated to N | Calibrated to NSC rates: Yes No | | | | | | | | | |
| Calibration Dat | | | | Ву: | | | | | | |
| | | | | | | | | | | |
| AMS Appointment Details – please ring 01934 824551 | | | | | | | | | | |
| Date: | | | | | | | | | | |
| Time: | | | | | | | | | | |
| | | | | | | | | | | |
| I hereby apply for a hackney carriage vehicle licence and enclose: ✓ | | | | | | | | ✓ | | |
| 1. The vehicle reg | 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 MOT (Less than one month old <u>IS</u> required for ALL vehciles) | | | | | | | | | | |
| 5. The Licence fee - (Please ✓) | | | | | | | | | | |
| Please telephone me for a card payment Cheque payable to "North Somerset Council" | | | | | | | | | | |
| DECLARATIO | N | | | | | | | | | |
| 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. | | | | | | | | | | |
| | ply with the relevant fy the Council of cha | | | | | | | | | |
| Signature | | | | | | | | | | |
| Print Name: | | | | | | | | | | |
| Date: | | | | | | | | | | |
| Data Protection Act 1998 | | | | | | | | | | |
| The personal data you provide on this form will be used by North Somerset Council to administer your licence. In order to protect public safety, this may include the use of sensitive personal data (criminal offences) to help assess whether you are a fit and proper person to hold a licence. | | | | | | | | | | |
| We may occasionally share your personal data with other Council departments and with other bodies (notably Housing Benefits, the Police, Inland Revenue) for the purposes of protecting public money, preventing and detecting crime and/or fraud and ensuring public safety. Such sharing will only occur on a case-by-case basis where a justifiable purpose in line with legislation has been demonstrated. The information may also be used for internal training. | | | | | | | | | | |

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