

# HACKNEY CARRIAGE/PRIVATE HIRE VEHICLE LICENCE APPLICATION.

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



**Please note that this application will not be accepted unless all sections have been completed and all original documents are enclosed.**

## Application Type *(Please tick relevant boxes)*

<input type="checkbox"/> Hackney Carriage Vehicle	<input type="checkbox"/> Private Hire Vehicle
<input type="checkbox"/> New Application	<input type="checkbox"/> Renewal

## Licence Details *(for renewal applications)*

Licence Number:	
Date of Expiry:	

## Applicant Details

1.	Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other _____
2.	Surname:	
3.	Forenames:	
6.	Address:	
	Post Code:	
7.	Telephone (Home):	
8.	Telephone (Mobile):	
9.	Email:	

## Second Applicant Details *(if relevant)*

1.	Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other _____
2.	Surname:	
3.	Forenames:	
6.	Address:	
	Post Code:	
7.	Telephone (Home):	
8.	Telephone (Mobile):	
9.	Email:	

## Vehicle Details

<b>Vehicle Registration Mark</b>	<b>Year of First Registration</b>
<b>Make &amp; Model</b>	<b>Colour</b>
<b>Engine Size</b>	<b>Seating Capacity</b>
Petrol <input type="checkbox"/> Diesel <input type="checkbox"/> Dual / LPG <input type="checkbox"/> Other <input type="checkbox"/>	
Wheelchair Accessible? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Loading Ramp? N/A <input type="checkbox"/> Manual <input type="checkbox"/> Electric <input type="checkbox"/> If Electric please provide certificate <input type="checkbox"/>	
Is a 2-way radio fitted? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Taxi Meter Fitted and calibrated to latest tariff charges Yes <input type="checkbox"/> N/A <input type="checkbox"/> <i>If yes please provide details of who calibrated and when</i>	
<b>Place where vehicle is normally kept overnight:</b>	

## Proprietor Business Details

<b>Trading As:</b>	<b>Telephone Number</b>

**Details of Private Hire Operator (*Private Hire applicants only*)**

<b>Operator Name</b>	
<b>Operator Office Address</b>	
<b>Telephone Number</b>	

<b>22.</b>	<b>Declarations (<i>please read and tick each box</i>)</b>
	I have read and understood the Private Hire/Hackney Carriage Licence Policy & Conditions and agree to abide by them.
	I have enclosed with this application the relevant fee, or receipt number if already paid. (Card payments on site only)
	I have enclosed with this application the appropriately dated insurance documents and Certificates of Compliance along with the relevant V5 Log Book in respect of the vehicle
	I have enclosed the relevant expired vehicle licensing plates, or
	I am aware that new plates will not be provided until any expired plates have been returned to the Licensing offices, or
	This is a new to fleet vehicle application and I do not have current plates.

<b>23.</b>	<b>Signature and authority to collect information</b>		
	<p>The information I have provided will be held by the Council on computerised and manual files (data will be made available on a public register as required by relevant legislation).</p> <p>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 for the prevention and detection of fraud and to prevent/detect crime. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes. For further information on how your data is managed please see: <a href="https://www.denbighshire.gov.uk/en/resident/legal/privacy.aspx">https://www.denbighshire.gov.uk/en/resident/legal/privacy.aspx</a></p> <p>I hereby declare that the information given in this form is true, complete and correct and that I have no objections to and hereby authorise the council to make such enquiries as may be necessary to check the truth of that information, which will include requesting information from other services and Government departments. I authorise the Council to enquire and receive information relating to my licence and/or conduct matters.</p> <p><b>I understand that it is an offence to make a false statement, or to omit relevant details, in this application and to do so can carry heavy penalties if convicted. Additionally my application may be refused, or my licence subsequently revoked, if statements are found to be incorrect.</b></p>		
<b>Signature:</b>	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">(Applicant)</td> <td style="width: 50%; text-align: center;">(Second applicant)</td> </tr> </table>	(Applicant)	(Second applicant)
(Applicant)	(Second applicant)		
<b>Print name:</b>			
<b>Date:</b>			

**YOUR APPLICATION SHOULD NOW BE SENT, WITH ALL SUPPORTING DOCUMENTS, TO:**

**Denbighshire County Council**  
 PO BOX 62, Ruthin, Denbighshire,  
 LL15 9AZ  
 Email: [licensing@denbighshire.gov.uk](mailto:licensing@denbighshire.gov.uk)

**Alternatively you can contact licensing on 01824 706342 to arrange an appointment.**

**This page is left intentionally blank**