



# Application to Licence a Private Hire Vehicle in the Borough of High Peak

Information contained in this form may be passed to other Departments of the Council

FOR OFFICIAL USE ONLY

Date Application Received		Date Approved	
Licence Fee Paid		Insurance Cert. Checked	
Plate Deposit Paid		Reg. Document Checked	
Date Paid In		Licence & Plate Issued No	
Mech. Insp. Arranged		From	To
Mech. Insp. Report Received			

**ALL APPLICANTS ARE REQUIRED :**

- (a) To present the vehicle for inspection at the Council garage prior to a licence being issued.
- (b) To produce a valid Certificate of Insurance at the Council Offices showing that the vehicle is insured for carrying passengers for hire purposes.
- (c) To enclose a licence fee of £74.00 for six months.
- (d) To enclose a fee of £15.00 per set of plates.
- (e) To return the two expired private hire plates.

**BEFORE COMPLETING THIS FORM APPLICANTS ARE ADVISED TO READ THE EXPLANATORY BOOKLET FOR HACKNEY CARRIAGE AND PRIVATE HIRE PROPRIETORS. A COPY IS ENCLOSED.**

1. Name, Address and Telephone No. of Owner(s) of Vehicle

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2. Make, Model and Colour of Vehicle

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3. Registration Number of Vehicle

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4. Engine Cubic Capacity \_\_\_\_\_

5. Year of Manufacture \_\_\_\_\_

6. Number of Seats  
(Excluding Driver's) \_\_\_\_\_

7. Does the vehicle carry any signs or advertisements? If so, please specify exact wording and position on vehicle.  
Please see explanatory leaflet for restrictions and permitted signs. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Address where the vehicle will be kept when not in use. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Address of premises the business will be run from. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Will you be working for yourself or another firm? Include name and address of firm if applicable. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Have you previously been issued  
with a Licence by another Authority?  
If so, please give details.

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**APPLICANTS ARE ADVISED THAT TO MAKE KNOWINGLY A FALSE STATEMENT  
ON THIS APPLICATION IS A CRIMINAL OFFENCE PUNISHABLE ON CONVICTION  
BY A FINE OF UP TO £100.**

I/We declare that to the best of my/our knowledge and belief the answers given above are true. If a Licence is granted I/we undertake to comply with the relevant legislation and the Conditions attached on the grant of the Licence.

Date : \_\_\_\_\_ Usual Signature of Applicant : \_\_\_\_\_  
\_\_\_\_\_

This form should be returned to the Licensing Officer  
High Peak Borough Council Town Hall Buxton Derbyshire SK17 6EL

Phone : 0845 129 77 77 Ext 4577 Fax : 01298 27639 Textphone : 0845 129 48 76  
Website : [www.highpeak.gov.uk](http://www.highpeak.gov.uk) E-mail : [env-health@highpeak.gov.uk](mailto:env-health@highpeak.gov.uk)