



Application for a Licence to operate Private Hire Vehicles 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		Licence Issued No	
Date Paid In		From	To

ALL APPLICANTS ARE REQUIRED TO PRODUCE WITH THIS FORM A LICENCE FEE OF £97.00 _____

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

1. Full name and address of person(s) or company wishing to operate private hire vehicle.

Telephone No.

Registered Office of company

Telephone No.

2. If the applicant is a partnership or Company the full names and addresses of all partners or Directors

3. Address at which you intend to carry on business as an operator

Telephone No.

4. Do you have or intend to have a waiting room at the premises mentioned in question 3 for members of the public? Is so, please state hours when this will be open to the public

Please confirm that you have public liability insurance cover in force for these premises.

5. How many telephone lines do you have at the premises in 3 above which are available for public telephone bookings?

6. How many private hire vehicles do you intend to operate? Give private hire vehicle licence numbers and names of proprietors

7. Will these vehicles all operate from the premises in question 3 above? If not, please specify other operating bases.

8. Will radio-phones be fitted in the vehicles to be operated? If so, please specify the address of the radio base station.

9. Please state hours when the private hire vehicle will be operated.

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 E-mail : env-health@highpeak.gov.uk