



Application to Renew a Licence for a Hackney Carriage 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		Insurance Cert. Checked	
Licence Fee Paid		Reg. Document Checked	
Date Paid In		Licence Issued No	
Mech. Insp. Arranged		From	To
Mech. Insp. Report Received			

ALL APPLICATIONS ARE REQUIRED :

- (a) To present the vehicle for inspection at the Council garage prior to a new 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 hackney carriage 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 _____

2. Hackney Carriage Licence No. _____

3. Make, Model and Colour of Vehicle _____

4. Registration Number of Vehicle _____

- 5. Engine Cubic Capacity _____
- 6. Year of Manufacture _____
- 7. Meter Number and Make _____
- 8. 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. _____

- 9. Address where the vehicle will be kept when not in use. _____

- 10. Address of premises the business will be run from. _____

- 11. Will you be working for yourself or another firm? Include name and address of firm if applicable. _____

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 Conditions attached on the grant of the Licence.

Date : _____ Usual Signature of Applicant(s) : _____

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