



# Walsall Council

## APPLICATION FOR A LICENCE TO OPERATE PRIVATE HIRE VEHICLES LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1976

Before completing, refer to guidance notes available at [www.walsall.gov.uk/taxis](http://www.walsall.gov.uk/taxis)

Please Note: Any amendments to this form **MUST** be counter signed by the/all the Licensed Operator(s)

NEW APPLICATION

RENEWAL

|   |  |                            |    |
|---|--|----------------------------|----|
| Applicant Name  |  |                            |    |
| Applicant Address   |  |                            |    |
| Telephone Number  |  |                            |    |
| Date of Birth:  |  | National Insurance Number: |    |
| Name of company owner   |  |                            |    |
| Name and address of company   |  |                            |    |
| Company Number(s)   |  |                            |    |
| Are you a Licensed Private Hire or Hackney Carriage Driver  |  | YES                        | NO |
| If Yes, what is your Licence Number   |  |                            |    |
| Have you carried on any trade or business activities before making this application?<br>If Yes, give FULL details (include dates when business was operative) |  | YES                        | NO |
| Business name and address   |  | Date from and to           |    |
|   |  |                            |    |
| Have you made a previous application for an Operator's Licence?<br>If Yes, give details   |  | YES                        | NO |
| Have you had any previous Operator's Licence in any Borough Refused or revoked?<br>If Yes, give details   |  | YES                        | NO |

## PRIVATE HIRE OPERATOR PARTNERS/OWNERS DETAILS

|  |     |    |
|--|-----|----|
| Are there any other partners / owners involved in this company?<br>(If yes then please list names and addresses below) | YES | NO |
| Do you have radio equipment?   | YES | NO |
| If so do you have a licence issued under the Wireless Telegraphy Act 1949 or any other Statutory Provision?            | YES | NO |
| Do you have a waiting room for members of the public?  | YES | NO |

|               |  |                           |  |
|---------------|--|---------------------------|--|
| Name          |  |                           |  |
| Address       |  |                           |  |
|               |  |                           |  |
|               |  |                           |  |
| Postcode      |  |                           |  |
| Date of Birth |  | National insurance number |  |
| Signature     |  |                           |  |
| Date          |  |                           |  |

|               |  |                           |  |
|---------------|--|---------------------------|--|
| Name          |  |                           |  |
| Address       |  |                           |  |
|               |  |                           |  |
|               |  |                           |  |
| Postcode      |  |                           |  |
| Date of Birth |  | National insurance number |  |
| Signature     |  |                           |  |
| Date          |  |                           |  |

**\*If there are any additional partners/owners use page (11)**

**MANAGERS OR PERSONS IN CHARGE IN THE ABSENCE OF THE OWNER / OPERATORS**

|               |  |                           |  |
|---------------|--|---------------------------|--|
| Name          |  |                           |  |
| Address       |  |                           |  |
|               |  |                           |  |
|               |  |                           |  |
| Postcode      |  |                           |  |
| Date of Birth |  | National insurance number |  |
| Signature     |  |                           |  |
| Date          |  |                           |  |

|               |  |                           |  |
|---------------|--|---------------------------|--|
| Name          |  |                           |  |
| Address       |  |                           |  |
|               |  |                           |  |
|               |  |                           |  |
| Postcode      |  |                           |  |
| Date of Birth |  | National insurance number |  |
| Signature     |  |                           |  |
| Date          |  |                           |  |

|               |  |                           |  |
|---------------|--|---------------------------|--|
| Name          |  |                           |  |
| Address       |  |                           |  |
|               |  |                           |  |
|               |  |                           |  |
| Postcode      |  |                           |  |
| Date of Birth |  | National insurance number |  |
| Signature     |  |                           |  |
| Date          |  |                           |  |

**\*If there are any additional persons use page (12)**

## PERSONS OPERATING THE BOOKING SYSTEM

|               |  |
|---------------|--|
| Name          |  |
| Address       |  |
|               |  |
|               |  |
| Postcode      |  |
| Date of Birth |  |
| Signature     |  |
| Date          |  |

|               |  |
|---------------|--|
| Name          |  |
| Address       |  |
|               |  |
|               |  |
| Postcode      |  |
| Date of Birth |  |
| Signature     |  |
| Date          |  |

|               |  |
|---------------|--|
| Name          |  |
| Address       |  |
|               |  |
|               |  |
| Postcode      |  |
| Date of Birth |  |
| Signature     |  |
| Date          |  |

**\*If there are any additional persons use page (13)**

## Cautions and convictions

Before submitting an application make sure you and or any other directors of the business have completed a Basic disclosure if you/they are not a Licensed Driver with this authority. Follow the link to make this application:

<https://www.gov.uk/government/organisations/disclosure-and-barring-service>

(This will need to be submitted with the application)

|  |                    |
|--|--------------------|
| <p>Have you/Partner or any other director of the company ever been convicted by any Court for any Offence?<br/>If Yes, please provide details. Please read the attached notes on the Rehabilitation of Offenders Act 1974 BEFORE completing this section</p> <p>Please note at this stage of application failure to disclose and to notify the Council of any convictions during the currency of the Licence or as a new application, if granted, may result in your Licence being refused or revoked.</p> | <p>YES      NO</p> |
|--|--------------------|

\* Complete if applicable (If there are any partners details please complete page 12)

| Date of Conviction | Nature of Offence | Name and Address of Court | Sentence or Order of the Court |
|--------------------|-------------------|---------------------------|--------------------------------|
|                    |                   |                           |                                |

| <p>Are any convictions recorded against the Company?<br/>If Yes, give details</p> |                   |                           | <p>YES      NO</p>             |
|---|-------------------|---------------------------|--------------------------------|
| Date of Conviction  | Nature of Offence | Name and Address of Court | Sentence or Order of the Court |
|   |                   |                           |                                |

| Company/Business Trading Name | Address of Booking Office |
|-------------------------------|---------------------------|
|                               |                           |

|  |                    |
|--|--------------------|
| <p>Have you ever been Director or Secretary of a Company?<br/>If Yes, give details</p> | <p>YES      NO</p> |
|--|--------------------|

|   |             |
|---|-------------|
| Is the office to be used for personal visits and telephone bookings?  | YES      NO |
| Has planning permission been obtained?  | YES      NO |
| Is off parking available for vehicles to be nominated on this licence?  | YES      NO |
| Location and Number of spaces   |             |
| Number of Licensed Taxi / Private Hire Vehicles to be available for hire under this Operator's Licence from the above booking office  |             |
| Give details of all Taxi / Private Hire Vehicles to be available for hire under this Operator's Licence from the above booking office. (Please complete details on page 8 and Licensed drivers on page 9) |             |

## HMRC – TAX CHECK

This section applies to existing licensed Operators, or applicants who have held a licence in the last 12 months with one or more licensing authorities.

HMRC has powers to obtain information from licensing authorities,

'Schedule 23 to Finance Act 2011 (Data Gathering Powers) and Schedule 36 to Finance Act 2008 (Information and Inspection Powers), grant HMRC powers to obtain relevant information from third parties. This includes licensing bodies being required to provide information about licence applicants. The code is issued in CAPITAL LETTERS please write it down carefully.

NOTE: THE CODE IS ONLY VALID FOR 120 DAYS

\*Please use the additional sections below for all Owners/Directors. If more is required go to page 14.

|   |   |
|---|---|
| <b><u>Name of Operator/Director</u></b> | Enter your HMRC check code below<br><u>EXACTLY</u> as it is shown:<br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| <b><u>Name of Operator/Director</u></b> | Enter your HMRC check code below<br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br><u>EXACTLY</u> as it is shown: |
| <b><u>Name of Operator/Director</u></b> | Enter your HMRC check code below<br><u>EXACTLY</u> as it is shown:<br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| <b><u>Name of Operator/Director</u></b> | Enter your HMRC check code below<br><u>EXACTLY</u> as it is shown:<br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

## DECLARATION

I/We declare that the above answers are true, to the best of knowledge and belief, and understand that if there are any wilful omissions or false statements, the application may be suspended or refused.

I/We confirm the email address and other contact information provided is private and may safely be used in relation to confidential licensing or personal information (e.g. medical).

I/We declare that I/We have the correct immigration status to apply for this licence and am aware if I/We am no longer entitled to work in the UK the licence will lapse.

I/We understand that a false statement may render me liable to prosecution under the Local Government (Miscellaneous Provisions) Act 1976, or the Fraud Act 2006. If a licence has been issued, it may be liable to immediate revocation.

I/We agree that all appropriate information recorded and received from the Disclosure and Barring Service may be disclosed to the Licensing Committee or delegated officers in order that my application may be fully and fairly considered.

Where I/We am granted a licence I/We also declare that I/We will read, understand and adhere to the licence conditions set by the council and will ensure that I/We keep up to date with any changes to the conditions.

Schedule 23 to Finance Act 2011 (Data Gathering Powers) and Schedule 36 to Finance Act 2008 (Information and Inspection Powers), grant HMRC powers to obtain relevant information from third parties. This includes licensing bodies being required to provide information about licence applicants.

I/We confirm that I/We am aware of the content of HMRC guidance relating to my tax registration obligations.

A link to the council's Privacy statement can be found here: [Walsall Council Privacy Statement](#).

**All partners/Directors must sign the declaration.**

\*for any additional partners/directors please use page 15

|                                   |  |             |     |
|-----------------------------------|--|-------------|-----|
| <b>Applicant Signature</b>        |  | <b>Date</b> | / / |
| <b>Applicant Name</b>             |  |             |     |
| <b>Partner/Director Signature</b> |  | <b>Date</b> | / / |
| <b>Partner/Director Name</b>      |  |             |     |
| <b>Partner/Director Signature</b> |  | <b>Date</b> | / / |
| <b>Partner/Director Name</b>      |  |             |     |



## VEHICLE DETAILS

|    | VEHICLE<br>REGISTRATION | PLATE<br>NUMBER | MAKE &<br>MODEL | NAME OF OWNER /<br>PROPRIETOR |
|----|-------------------------|-----------------|-----------------|-------------------------------|
| 1  |                         |                 |                 |                               |
| 2  |                         |                 |                 |                               |
| 3  |                         |                 |                 |                               |
| 4  |                         |                 |                 |                               |
| 5  |                         |                 |                 |                               |
| 6  |                         |                 |                 |                               |
| 7  |                         |                 |                 |                               |
| 8  |                         |                 |                 |                               |
| 9  |                         |                 |                 |                               |
| 10 |                         |                 |                 |                               |
| 11 |                         |                 |                 |                               |
| 12 |                         |                 |                 |                               |
| 13 |                         |                 |                 |                               |
| 14 |                         |                 |                 |                               |
| 15 |                         |                 |                 |                               |
| 16 |                         |                 |                 |                               |
| 17 |                         |                 |                 |                               |
| 18 |                         |                 |                 |                               |
| 19 |                         |                 |                 |                               |
| 20 |                         |                 |                 |                               |
| 21 |                         |                 |                 |                               |
| 22 |                         |                 |                 |                               |
| 23 |                         |                 |                 |                               |
| 24 |                         |                 |                 |                               |
| 25 |                         |                 |                 |                               |
| 26 |                         |                 |                 |                               |
| 27 |                         |                 |                 |                               |
| 28 |                         |                 |                 |                               |
| 29 |                         |                 |                 |                               |
| 30 |                         |                 |                 |                               |

\*If there are any additional Vehicles use extra sheet

## DRIVER DETAILS

|    | NAME | ADDRESS | POST CODE | CALL SIGN / DRIVER NO. |
|----|------|---------|-----------|------------------------|
| 1  |      |         |           |                        |
| 2  |      |         |           |                        |
| 3  |      |         |           |                        |
| 4  |      |         |           |                        |
| 5  |      |         |           |                        |
| 6  |      |         |           |                        |
| 7  |      |         |           |                        |
| 8  |      |         |           |                        |
| 9  |      |         |           |                        |
| 10 |      |         |           |                        |
| 11 |      |         |           |                        |
| 12 |      |         |           |                        |
| 13 |      |         |           |                        |
| 14 |      |         |           |                        |
| 15 |      |         |           |                        |
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| 25 |      |         |           |                        |
| 26 |      |         |           |                        |
| 27 |      |         |           |                        |
| 28 |      |         |           |                        |
| 29 |      |         |           |                        |
| 30 |      |         |           |                        |

\*If there are any additional Drivers use extra sheet

**\*Additional partners or Directors please complete as below.**

|               |  |                           |  |
|---------------|--|---------------------------|--|
| Name          |  |                           |  |
| Address       |  |                           |  |
|               |  |                           |  |
|               |  |                           |  |
| Postcode      |  |                           |  |
| Date of Birth |  | National insurance number |  |
| Signature     |  |                           |  |
| Date          |  |                           |  |

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|---------------|--|---------------------------|--|
| Name          |  |                           |  |
| Address       |  |                           |  |
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|               |  |                           |  |
| Postcode      |  |                           |  |
| Date of Birth |  | National insurance number |  |
| Signature     |  |                           |  |
| Date          |  |                           |  |

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| Name          |  |                           |  |
| Address       |  |                           |  |
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|               |  |                           |  |
| Postcode      |  |                           |  |
| Date of Birth |  | National insurance number |  |
| Signature     |  |                           |  |
| Date          |  |                           |  |

**\*Managers or Persons in charge in the absence of the owner/operators**

|               |  |
|---------------|--|
| Name          |  |
| Address       |  |
|               |  |
|               |  |
| Postcode      |  |
| Date of Birth |  |
| Signature     |  |
| Date          |  |

|               |  |
|---------------|--|
| Name          |  |
| Address       |  |
|               |  |
|               |  |
| Postcode      |  |
| Date of Birth |  |
| Signature     |  |
| Date          |  |

|               |  |
|---------------|--|
| Name          |  |
| Address       |  |
|               |  |
|               |  |
| Postcode      |  |
| Date of Birth |  |
| Signature     |  |
| Date          |  |

**\*Additional person(s) operating Bookings System.**

|               |  |
|---------------|--|
| Name          |  |
| Address       |  |
|               |  |
|               |  |
| Postcode      |  |
| Date of Birth |  |
| Signature     |  |
| Date          |  |

|               |  |
|---------------|--|
| Name          |  |
| Address       |  |
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| Postcode      |  |
| Date of Birth |  |
| Signature     |  |
| Date          |  |

|               |  |
|---------------|--|
| Name          |  |
| Address       |  |
|               |  |
|               |  |
| Postcode      |  |
| Date of Birth |  |
| Signature     |  |
| Date          |  |

**\*Additional owners/Directors to complete HMRC tax check**

|   |  |
|---|--|
| <b><u>Name of Operator/Director</u></b> | Enter your HMRC check code below<br><u>EXACTLY</u> as it is shown:<br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| <b><u>Name of Operator/Director</u></b> | Enter your HMRC check code below<br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br><u>EXACTLY</u> as it is shown: |
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| <b><u>Name of Operator/Director</u></b> | Enter your HMRC check code below<br><u>EXACTLY</u> as it is shown:<br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

**\*Additional signatures for declaration**

|                                   |  |             |     |
|-----------------------------------|--|-------------|-----|
| <b>Partner/Director Signature</b> |  | <b>Date</b> | / / |
| <b>Partner/Director Name</b>      |  |             |     |
| <b>Partner/Director Signature</b> |  | <b>Date</b> | / / |
| <b>Partner/Director Name</b>      |  |             |     |
| <b>Partner/Director Signature</b> |  | <b>Date</b> | / / |
| <b>Partner/Director Name</b>      |  |             |     |
| <b>Partner/Director Signature</b> |  | <b>Date</b> | / / |
| <b>Partner/Director Name</b>      |  |             |     |