

TENDRING DISTRICT COUNCIL

Public Health Act 1875; Town Police Clauses Acts 1847 and 1889;
Local Government [Miscellaneous Provisions] Act 1976

Please ensure that you complete the application form correctly and submit the appropriate documentation; this will ensure that the Licensing Section will be in a position to deal with your application as speedily as possible. If you are considering the purchase of a vehicle for use as a Hackney Carriage or for Private Hire, vehicle, you should contact the Licensing Office prior to committing yourself to the purchase to check whether the Council will license it. You should be aware that the Council will not license a saloon car for less than four passengers and that while the Council will licence Multi Purpose Vehicles (MPV's) for the number of seats shown on the registration document it will only do so if certain safety measures are in place that accord with the Council's Policy in regard to MPV's that was adopted by Licensing and Registration Committee on the 28 September 2016. This policy can be viewed via the main taxi licensing page on the Councils web site www.tendringdc.gov.uk

VEHICLE LICENCE

Invoice No:Receipt No:Fee Submitted: £.....

PLEASE ENSURE THAT **EVERY** SECTION IS COMPLETED AND DELETIONS MADE WHERE NECESSARY IN ORDER TO AVOID ANY DELAY OR SUSPENSION IN THE PROCESSING OF YOUR APPLICATION

1.	Which Type of Licence are you applying for:	Hackney Carriage Dual <input type="checkbox"/> Private Hire <input type="checkbox"/>
2.	Type of Application	*Grant / *Renewal / *Change of Owner / *Change of Vehicle
3.	Surname	
4.	First Name(s)	4a. Title Mr / Mrs / Miss / Ms*
5.	Address	
		6. Post Code
7.	Telephone No.	
8.	Mobile No.	
9.	Email Address	
10.		
11.	Will the vehicle be kept at the above address? Yes / No* (If no please complete section 12 & 13, if yes please go to section 14)	
12.	Address where vehicle will kept (if different from above)	
		13. Post Code

N.B. Any person knowingly or recklessly making a false statement or omitting any material particular in giving this information shall be guilty of an offence.

14.	Do you drive	Full Time/Part Time
15.	If on circuit, name of operator you drive for	
16.	Date of Birth	
17.	Have you ever had a vehicle licence refused or revoked by any Licensing Authority (including the Traffic Commissioners)	Yes/No (If yes, give details of refusal below)
18.	Have you ever been convicted in a Court of any criminal or motoring offence	Yes/No (If yes, give details of conviction below)

VEHICLE DETAILS

19.	Plate No.	
20.	Vehicle Registration	
21.	Date FIRST Registered	
22.	Make of Vehicle	
23.	Model of Vehicle	
24.	Colour of Vehicle	
25.	Engine Capacity	
26.	Seating Capacity (excluding driver)	27. Wheelchair accessible
		Yes / No*

28.	I am the Sole / Joint* Proprietor of this vehicle and I state that* other person(s) beside myself is/are* interested in the said vehicle. (<i>*Joint to complete section 29</i>)		
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Your attention is drawn to the provisions of Section 40 of the Town Police Clauses Act 1847 and Section 48 subs [3][a] of the Local Government [Miscellaneous Provisions] Act 1976.

I AM/WE ARE the Proprietor/Proprietors of Vehicle Registration Number for a HACKNEY CARRIAGE VEHICLE LICENCE and that the following are the names and surnames and addresses of the applicant(s) herein and of every Proprietor or part Proprietor of such vehicle, or person concerned, either solely or in partnership with any other person in the keeping, employing or hiring of such vehicle. This information is true to the best of my knowledge and belief.

29. Joint Proprietor Section (Joint Proprietors to sign form where indicated * below as appropriate)		
Full Name	Full Address	Proprietor / Partner / Driver*

N.B. Any person knowingly or recklessly making a false statement or omitting any material particular in giving this information shall be guilty of an offence.

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CHECKLIST

	Document Required	Tick	Guidance Notes
1.	Completed Application form	<input type="checkbox"/>	This application form.
2.	Certificate of Insurance / Cover Note	<input type="checkbox"/>	Must include 'Public/Hire and Reward or 'Private Hire' as appropriate.
3.	Valid MOT Certificate	<input type="checkbox"/>	required annually following anniversary of first registration of vehicle. This must be produced with each application.
4.	Vehicle Registration Document	<input type="checkbox"/>	or Bill of Sale, if the document is being transferred into your name at Swansea.
5.	Application Fee	<input type="checkbox"/>	there are various fees which are detailed at the end of these Notes.

In accordance with the provisions of the Town Police Clauses Act 1847 and the Local Government (Miscellaneous Provisions) Act 1976, I/We make application to the Council to licence the above vehicle as a Hackney Carriage Vehicle to be used predominantly within the District of Tendring. I/We hereby declare that all information given is correct. I/We understand that any false or misleading information given or statements made may lead to the revocation of the licence granted and possible prosecution.

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. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

*Signed		Dated	
*Signed		Dated	
*Signed		Dated	
*Signed		Dated	

Licensing Office

Licensing Section, Tendring District Council, 88-90 Pier Avenue, Clacton on Sea, Essex CO15 1TN
 Email: licensingsection@tendringdc.gov.uk General Licensing Telephone: 01255 686565

Please be aware that the Licensing Office is only open for personal callers Tuesdays and Wednesdays between the hours of 10.00 a.m. and 12.00 midday and Friday between the hours of 1.00 p.m. and 4.00 p.m. outside of these times an appointment will need to be made with a member of the Licensing Team.

N.B. Any person knowingly or recklessly making a false statement or omitting any material particular in giving this information shall be guilty of an offence.