**PLEASE COMPLETE IN BLOCK CAPITALS & COMPLETE ALL BOXES MARKED WITH A \***

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| **IMPORTANT**  **It is an offence under Section 57(3) of the Local Government (Miscellaneous Provisions) Act 1976 for any person to knowingly or recklessly make a false statement or omit any material particular in giving the required information**  **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. For further information, see** [**http://chorley.gov.uk/dataprotection**](http://chorley.gov.uk/dataprotection)**.** | | | | | | | | | |
| **IDOX Reference:** | | | | | | | | | |
| \*Mr / Mrs / Miss / Ms | \*All Forenames: | | | \*Surname: | | | | | |
| \*Trading Name of Persons or Limited Company | | | | | | | | | |
| \*Address where the Private Hire Operator business is located | | | | | | | | | |
| \*Registered Office Address if different from above  Post Code | | | | | | | | | |
| \*Office Telephone Number | | \*E-mail Address | | | | | | | |
| \*Mobile telephone Numbers: | | | | | | | | | |
| \*If the applicant is a partnership or limited company, provide the names, addressed or all partners, directors and company secretary | | | | | | | | | |
| \*Have you and all persons making the application have the right to work and reside in the UK? | | Yes | | | No | | | | |
| Chorley Council is under a duty not to issue licences to people who are disqualified by their immigration status from holding them. It is for the applicant to provide the necessary evidence that they have the right to work in the UK and failure to do so will result in a refusal of application. **Please see notes in the guidance.** | | | | | | | | | |
| \*Has any person named in this application ever applied for an operator’s licence before to any other Council in the United Kingdom or to the Public Carriage Office? | | | | | | Yes | | No | |
| If yes, when and where did you apply? | | | | | | | | | |
| \*Does any person named in this application hold any of the following:  Private Hire Drivers Licence, Private Hire vehicle licence, Hackney Carriage drivers Licence or Hackney Carriage Vehicle (proprietors) licence, issued by this or any other Council in the United Kingdom or to the Public Carriage Office? | | | | | | Yes | | No | |
| If so give full details below: | | | | | | | | | |
| Council Name:  Badge Number:  Date of Grant:  Expiry Date:  Continue on a separate sheet if necessary | | | | | | | | | |
| \*Has any person named in this application ever been refused, or had suspended or revoked a Private Hire Drivers Licence, Private Hire vehicle licence, Private Hire Operators Licence, Hackney Carriage drivers Licence or Hackney Carriage Vehicle (proprietors) licence, by this or any other Council in the United Kingdom or to the Public Carriage Office? | | | | | | Yes | | No | |
| If yes provide full details including the Council and the date. | | | | | | | | | |
| \*What trade, business or profession has each person named in this application carried out over the 5 years prior to applying for this licence and where?  Continue on a separate sheet if necessary | | | | | | | | | |
| \*If any person named in this application is or has been a director or company secretary of a limited company the following information must be provided about each of those companies:  Name and Registered office address:  Trade or business activities carried out by each company:  Previous application made by each company for an operator’s licence to this Council or any other Council in the United Kingdom or to the Public Carriage Office.  Any revocation or suspension of any operator’s licence issued by this Council or any other Council in the United Kingdom or to the Public Carriage Office previously held by any company.  All unspent convictions in relation to any offence recorded against any company  Continue on a separate sheet if necessary | | | | | | | | | |
| \*Do the premises have planning permission to be used to operate a private hire business? | | | | | | | Yes | | No |
| \*Do you own the premises that are being used to operate the private hire business? | | | | | | | Yes | | No |
| If No, please give the name and address of the owner of the premises: | | | | | | | | | |
| \*Do your vehicles have radio phones? | | | | | | | Yes | | No |
| If yes please specify: | | | | | | | | | |
| Make: | | | Model: | | | | | | |
| Frequency on which the radios will broadcast:  Address where the radio transmitter will be located: | | | | | | | | | |
| \*How many telephone lines will you have for receiving bookings | | | | | |  | | | |
| Please state the phone numbers (if known) | | | | | | | | | |
| If any of the above are ‘Freephones’ , please state the location of the freephones: | | | | | | | | | |
| \*How many private hire vehicles operate from the premises? | | | | | |  | | | |
| \*Have you off-road parking at the premises for the number of vehicles operate? | | | | | | Yes | | No | |
| \*Please provide details of where vehicles will be kept when not being used: | | | | | | | | | |
| \*Do you have a waiting room at the premises for members of the public? | | | | | | Yes | | No | |
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| **Details and Declaration of convictions, cautions and pending prosecutions**  **The Rehabilitation of Offenders Act 1974 Local Government (Miscellaneous Provisions) Act 1976** | | | | | | | | | |

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| \*Have you any unspent convictions for **any** criminal offence or civil matter? | | | | Yes | | No |
| \*Have you ever been cautioned by the Police or any other authority for any reason? | | | | Yes | | No |
| \*Are there any pending matters, including criminal, civil or traffic offences, for which you are being investigated or being prosecuted or may be prosecuted by any authority either in the UK or in any other country? | | | | Yes | | No |
| **If you answered “Yes” to any question above, please give a full explanation, including any civil or pending matters:**  (Continue on a separate sheet if necessary) | | | | | | |
| **Declaration of Convictions, cautions and pending prosecutions details** | | | | | | |
| **Date Convicted** | **Type of Conviction (Criminal, caution or pending matter)** | **Court or Police** | **Offence or pending matters** | | **Penalty** | |
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| **DECLARATION** | |
| **I understand that:** | I am required to provide the following documents in support of my application:   * UK Passport or UK Birth Certificate; * Right to work and reside as appropriate; * Basic DBS certificate; |
| * My application is subject to a Standard Disclosure and Barring Service (DBS) Check. |
| * My DBS must be less than 3 months old at the date of this application |
| * My DBS may be deemed invalid after 3 months from the date of receipt, if all other supporting information has not been provided by this time. |
| * My application will be deemed invalid after 6 months from the date of receipt if all the satisfactory supporting information has not been provided by this time. |
| * I am required to inform the Council in writing within 7 days of any charge for a criminal offence, convictions, fixed penalties, cautions or civil matters or motoring offences that I receive during the currency of my licence |
| * I must provide a copy of my Employers Liability Insurance as part of the application |
| * Chorley Council 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 within this authority for the prevention and detection of fraud. It may also share this information with other bodies administering public funds solely for these purposes. For further information, see www.chorley.gov.uk/dataprotection |
| **I declare that:** | * To the best of my knowledge and belief, the answers I have given are true and I understand that if I knowingly or recklessly make a false statement or omit any material particular required on this form that I shall be guilty of an offence and liable to prosecution. |

**All applicants must sign the application form below:**

**Print Name: Signed: Dated:**

**Print Name: Signed: Dated:**

**Print Name: Signed: Dated:**

**Print Name: Signed: Dated:**

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| **Applicant Checklist- tick this column only** | **All documents below must be presented for inspection- ONLY ORIGINAL DOCUMENTS WILL BE ACCEPTED**  **Checklist to be completed by Customer Service- all documents to be copied and attached to IDOX record**  ALL applicants must produce the appropriate documentation in 1-3 below | | | | | | | | | | | | | | | | | | |
| 1 | EEA/UK passport | Where not produced to **CHECK THAT THE RIGHT TO WORK AND RESIDE VISA IS VALID AND IN CURRENT PASSPORT**, refer to Home office before processing application | | | | | | | | | | | | | | | Recorded and checked by Customer Services | | (Initials of CSO) |
| Passport No : | |  |  |  | |  | |  |  |  | |  |  | |  | |
| Expiry date: | | | | | | | | | | | | | | |  | |
| **OR** | | | | | | | | | | | | | | | | | | | |
| 2 | UK Birth Certificate | Where not produced to verify right to work and reside, refer to Home office before processing application | | | | | | | | | | | | | | | Recorded and checked by Customer Services | | (Initials of CSO) |
| No: | | | | | | | | | | | | | | | | |
| **AND** | | | | | | | | | | | | | | | | | | | |
| 3 | Standard DBS Chorley Council issued | This must be dated within 3 months of the application. Where issues identified refer to Licensing | | | | | | | | | | | | | | Recorded and checked by Customer Services | | | (Initials of CSO) |
| Ref: | | | | | | |  | | | | | | | | | |
| date of issue: | | | | | | |  | | | | | | | | | |
| 4 | Employers Liability Insurance certificate | Insurance Company: | | | | | | | | | | | | | | | | Recorded and checked by Customer Services | (Initials of CSO) |
| Policy Number: | | | | | | | | | | | | | | | |
| Expiry Date: | | | | | | | | | | | | | | | |
| 5 | PHO Renewal  4120/60085 | £128.81 | Receipt No: | | | |  | | | | | | | | | | | Recorded and checked by Customer Services- scan receipt | (Initials of CSO) |
| Date Licence granted | | |  | | | | | | | | | | **OR** | | | | | Date of referral to Licensing- advise applicant |  |