

Licensing Section, PO Box 13, Chorley, PR7 1AR Telephone 01257 515151 - Fax 01257 515150

You are advised to read the notes before completing this form

LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1976 Section 47 APPLICATION FOR HACKNEY CARRIAGE VEHICLE LICENCE GRANT (Restricted to Existing Proprietors only)

All boxes marked with a * must be completed by applicant

IDOX Reference:				
*Full name of applicant(s) (Proprietor: (The names of the vehicle's registered owner a		ned in the hiring of the vehicle n	nust be given) (see r	note (i))
*Address(s) of applicant(s) (Proprieto	re)			
Address(s) of applicant(s) (Froprieto	10)	Po	st Code:	
* Mobile Telephone Number:		Landline Telephone Nu		
E-mail:				
What is the trade name, address & te	lephone number o	f business?		
Where applicable, what is the name,	address & telepho	ne number of the private	hire operator for	this vehicle?
*Please provide Vehicle Registration	Number (V5 must	be presented)		
*Is the application for a Disabled According	Yes	No		
State preferred choice of testing station				
Approved Garages	1057.00000			
AutoCentre, Friday Street, Chorley. 0 RCJ Motors, Southport Road, Chorley Chorley Autocare, Friday Street Chor	y. 01257 451016			
Preferred time for appointment				
Date and time taxi test is booked				
Please mention any dates/times when for testing	n you would not be	e able to take the vehicle		
* Meter make	*Serial No:	*Please provide calibration certificate for the meter		
Are you presenting a trailer to be use	d in conjunction wi	th the vehicle	Yes	No

Vehicle Checklist- to be completed by the The vehicle must be presented for testing			of thi	s inspection	1	
Officer Name:	Date & Time of Inspection:					
VRM:	Vehicle Make:			Model:		
Colour:	Passenger Capacity:			No of Doors:		
NCAP Rating (4* and above):	Emissions Standard (Euro 5+):					
Recorded Mileage:	Name of person presenting the Vehicle:					
Date of first UK registration (taken from V5)	HPI Report present? YES / NO Any Write Off? YES/NO *if there is any write off the car cannot be licenced					
Petrol/Diesel/LPG/Hybrid		,				
Is the vehicle Wheelchair Accessible?	Yes No					
Does the Vehicle meet Disabled Access Criterion?	Yes	No				
Does the vehicle meet current	Yes	No- give reasons:				
requirements for: Condition of Exterior						
Does the vehicle meet current requirements for: Condition of Interior	Yes No- give reasons:					
requirements for condition of interior						
Please record any dents or scratches etc that fall within acceptable limits:						
Please record any documents provided in support of the application (E.G. engineers reports, Service Records)						
Is the Vehicle presented suitable for Licensing?				Yes	No	
Local Government (Miscellaneous provisions) Act 1976 sec 48(7) If no give reasons for rejection:			_	ature or p and	Officer Signature or stamp and date	

Applicant	Checklist to be	completed l	by Customer Ser	vice- all docu	ıment	s to be copied and attache	ed to IDOX
Checklist- tick	record	oompiciou i	by Gustomer Ger	vioc un door		o to be depice una una una one	
this column							
only	Vahiala Daniat	ration 1	/E in applicant of			Described and absolved	/leitinle of
1	Vehicle Registi Document (V5)		V5 in applicant name or copy of			Recorded and checked	(Initials of CSO)
	Document (vs)		owners supplem	5 in previous owner with new		by Customer Services	030)
2	Where applicat					Recorded and checked	(Initials of
_	confirmed Mete		Table of fares provided			by Customer Services	CSO)
						r cover note which indicates	
						her, public hire, private hire	
completed.	be granted. Howev	er, an applic	ation can still be p	orocessed but	the pl	ate cannot be issued until th	is section is
completed.	Name of Insura	ance		Conv of cortificate and full		y of certificate and full	(Initials of
	company				-	cy- checked by	CSO)
	,					tomer Services	/
	Registration No	o of Vehicle			Red	orded and checked by	(Initials of
	on Insurance C	Certificate			Customer Services		CSO)
3	Insurance Cert	ificate/	Public Hire		Rec	orded and checked by	(Initials of
cover note states insured		es insured	Private Hire		Customer Services		CSO)
	for passenger use		Both		1		I
	Valid from		Valid to		Checked and recorded on		(Initials of
						X by Customer Services	
	Where Named		Name of Driv			orded and checked by	(Initials of
	Insurance Cert	ificate/			Customer Services- Driver must have appropriate Chorley badge Copied, Recorded and		CSO)
	cover note						
	HPI report (ove	ent for					(Initials of
	HPI report (except for brand new vehicles)-					cked by Customer	(Initials of CSO)
	check vehicle i	,				ervices	000)
	Record any wr	•		33333		•	
	Taxi Test		IDOX Ref:		CSC	D issued garage with No.	(Initials of CSO)
4	4120/60085	HCV licen	HCV licence grant		Recorded and checked by		(Initials of
5	4120/60228	MOT		£54.85	Cus	tomer Services- scan eipt	CSO)
6	4120/60229	Vehicle Te	est (inc VAT)	£10.25	Tota	al Payment =	
7	4120/60085	-	uding Rear	£39.56	£21	3.79	
	ND Fallows	Licence P				essing your application.	

NB. Failure to answer all questions will cause delay in processing your application.

Declaration: I declare I have never been refused the grant or renewal or have never had a licence revoked for a Hackney Carriage or Private Hire vehicle with this or any other authority. The Vehicle for which this licence application is made is not licenced as a Hackney Carriage or Private Hire vehicle with any other authority. I confirm that I am the registered keeper of the vehicle. I confirm that the New Keeper Supplement of the Vehicle Registration Document (V5) has been completed with my name and address (or in the name of a company for which I am authorised to act for), and sent to the DVLA in accordance with the legal requirements.

Print Name:	Signed:	Dated:
(Any Additional Proprietors Sign below)		
Print Name:	Signed:	Dated:

rint Name:	Signed:	Dated: