

## Change of licence type (same vehicle) application form

Local Government (Miscellaneous Provisions Act) 1976  
Town Police Clauses Act 1847

### Please note:

- Please complete in conjunction with the guidance notes and policy at [West Suffolk Council – Taxi licences](#)
- All sections must be completed, and all supporting documents supplied. Incomplete applications may be rejected
- Once a complete application has been submitted the Licensing team will contact you for payment.

|                                                                                                                                                                               |                           |              |             |    |                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------|-------------|----|----------------------|
| <b>1. Surrender of current licence</b>                                                                                                                                        |                           |              |             |    |                      |
| <b>Current licence number</b>                                                                                                                                                 |                           |              |             |    |                      |
| <b>Declaration:</b> (please read and tick box)<br>I understand that by surrendering this licence I will forfeit the licence number and any remaining time left on the licence |                           |              |             |    |                      |
| <b>2. New licence</b>                                                                                                                                                         |                           |              |             |    |                      |
| Hackney carriage                                                                                                                                                              | First grant               | Private hire | First grant |    |                      |
| Number of vehicle proprietor(s)<br>(persons with commercial interest in the licence)                                                                                          |                           |              |             |    |                      |
| <b>3. Applicant (first or only proprietor) (Please tick as appropriate)</b>                                                                                                   |                           |              |             |    |                      |
| Title                                                                                                                                                                         | Mr                        | Mrs          | Miss        | Ms | Other (please state) |
| Forenames                                                                                                                                                                     |                           |              |             |    |                      |
| Surname                                                                                                                                                                       |                           |              |             |    |                      |
| Date of birth                                                                                                                                                                 |                           |              |             |    |                      |
| National Insurance number                                                                                                                                                     |                           |              |             |    |                      |
| West Suffolk driver number                                                                                                                                                    | CD                        |              |             |    |                      |
| Permanent address<br>(This will be used for all correspondence)                                                                                                               | Address:<br><br>Postcode: |              |             |    |                      |
| Email address                                                                                                                                                                 |                           |              |             |    |                      |
| Daytime phone number                                                                                                                                                          |                           |              |             |    |                      |
| Mobile number                                                                                                                                                                 |                           |              |             |    |                      |
| Are you the registered keeper of the vehicle?                                                                                                                                 | Yes                       | No           |             |    |                      |
| Are you the legal owner of the vehicle?                                                                                                                                       | Yes                       | No           |             |    |                      |

| 4. Second proprietor (Please tick as appropriate)               |                                                   |     |      |    |                      |
|-----------------------------------------------------------------|---------------------------------------------------|-----|------|----|----------------------|
| Title                                                           | Mr                                                | Mrs | Miss | Ms | Other (please state) |
| Forenames                                                       |                                                   |     |      |    |                      |
| Surname                                                         |                                                   |     |      |    |                      |
| Date of birth                                                   |                                                   |     |      |    |                      |
| National Insurance number                                       |                                                   |     |      |    |                      |
| West Suffolk driver number                                      | CD                                                |     |      |    |                      |
| Permanent address<br>(This will be used for all correspondence) | Address:<br><br><br><br><br><br><br><br>Postcode: |     |      |    |                      |
| Email address                                                   |                                                   |     |      |    |                      |
| Daytime phone number                                            |                                                   |     |      |    |                      |
| Mobile number                                                   |                                                   |     |      |    |                      |
| Are you the registered keeper of the vehicle?                   |                                                   |     | Yes  |    | No                   |
| Are you the legal owner of the vehicle?                         |                                                   |     | Yes  |    | No                   |
| 5. Third proprietor (Please tick as appropriate)                |                                                   |     |      |    |                      |
| Title                                                           | Mr                                                | Mrs | Miss | Ms | Other (please state) |
| Forenames                                                       |                                                   |     |      |    |                      |
| Surname                                                         |                                                   |     |      |    |                      |
| Date of birth                                                   |                                                   |     |      |    |                      |
| National Insurance number                                       |                                                   |     |      |    |                      |
| West Suffolk driver number                                      | CD                                                |     |      |    |                      |
| Permanent address<br>(This will be used for all correspondence) | Address:<br><br><br><br><br><br><br><br>Postcode: |     |      |    |                      |
| Email address                                                   |                                                   |     |      |    |                      |
| Daytime phone number                                            |                                                   |     |      |    |                      |
| Mobile number                                                   |                                                   |     |      |    |                      |
| Are you the registered keeper of the vehicle?                   |                                                   |     | Yes  |    | No                   |
| Are you the legal owner of the vehicle?                         |                                                   |     | Yes  |    | No                   |

|                                                                                                                                                                                                                                                                                                                                                 |     |           |                    |     |                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|--------------------|-----|----------------|
| <b>6. Vehicle details</b>                                                                                                                                                                                                                                                                                                                       |     |           |                    |     |                |
| Registration plate                                                                                                                                                                                                                                                                                                                              |     |           |                    |     |                |
| Vehicle Identity Number (VIN)                                                                                                                                                                                                                                                                                                                   |     |           |                    |     |                |
| Date of first registration                                                                                                                                                                                                                                                                                                                      |     |           |                    |     |                |
| Make                                                                                                                                                                                                                                                                                                                                            |     |           | Model              |     |                |
| Colour                                                                                                                                                                                                                                                                                                                                          |     |           | Body style         |     |                |
| Engine capacity                                                                                                                                                                                                                                                                                                                                 |     |           | Fuel type          |     |                |
| Passenger capacity                                                                                                                                                                                                                                                                                                                              |     |           | Number of doors    |     |                |
| Wheelchair accessible                                                                                                                                                                                                                                                                                                                           | Yes | No        | Is CCTV installed? | Yes | No             |
| Do you tow a trailer for customer use with this vehicle?                                                                                                                                                                                                                                                                                        |     |           |                    | Yes | No             |
| Does this vehicle meet Euro 6 emissions standards?                                                                                                                                                                                                                                                                                              |     |           |                    | Yes | No             |
| <b>7. Operator (all private hire vehicles)</b>                                                                                                                                                                                                                                                                                                  |     |           |                    |     |                |
| Operator name                                                                                                                                                                                                                                                                                                                                   |     |           |                    |     |                |
| Operator licence number                                                                                                                                                                                                                                                                                                                         |     |           |                    |     |                |
| Address of operator                                                                                                                                                                                                                                                                                                                             |     | Address:  |                    |     |                |
|                                                                                                                                                                                                                                                                                                                                                 |     | Postcode: |                    |     |                |
| <b>8. Application enclosures (scanned or photographed documents)</b>                                                                                                                                                                                                                                                                            |     |           |                    |     |                |
| Please read and tick each box                                                                                                                                                                                                                                                                                                                   |     |           |                    |     |                |
| Full Vehicle Inspection Report (All 10 pages, less than two months old, completed by an approved garage)                                                                                                                                                                                                                                        |     |           |                    |     |                |
| Taxi meter certificate (for all vehicles fitted with a meter)                                                                                                                                                                                                                                                                                   |     |           |                    |     | Not applicable |
| Insurance certificate or cover note, showing the use as private or public hire                                                                                                                                                                                                                                                                  |     |           |                    |     |                |
| <b>9. Declarations (please read and tick each box)</b>                                                                                                                                                                                                                                                                                          |     |           |                    |     |                |
| I understand all persons who are to drive the vehicle at all times must hold a current hackney carriage and private hire driver's licence issued by West Suffolk Council.                                                                                                                                                                       |     |           |                    |     |                |
| I declare that the answers to the questions are correct and I have read the West Suffolk Council hackney carriage and private hire policy available at <a href="https://www.westsuffolk.gov.uk/taxi">https://www.westsuffolk.gov.uk/taxi</a> and I undertake, in the event of a licence being granted, to observe and comply with its contents. |     |           |                    |     |                |
| <b>10. Privacy and responsibility</b>                                                                                                                                                                                                                                                                                                           |     |           |                    |     |                |
| <b>Privacy notice</b>                                                                                                                                                                                                                                                                                                                           |     |           |                    |     |                |
| West Suffolk Council is a Data Controller and can be contacted at: West Suffolk House, Western Way, Bury St Edmunds, Suffolk, IP33 3YU. Phone: 01284 763233. The Data Protection Officer can be contacted at the same address.                                                                                                                  |     |           |                    |     |                |

We are collecting your personal information in order to process your application under the Local Government Miscellaneous Provisions Act 1976 and Town Police Clauses Act 1847.

Your data will not be shared with third parties unless used for council purposes, in order to enquire and receive information relating to your licence, prevent or detect crime, to protect public funds or where we are required or permitted to share data under other legislation, for example we will share your data with Defra so that Defra can create a database to support the operation of charging clean air zones by local authorities or other air quality plans.

Your data will be kept for six years post licence expiry or surrender and in line with our retention policy.

You have the right to access your data and to rectify mistakes, erase, restrict, object or move your data in certain circumstances. Automated decision making and processing is not used during this application. Please contact the Data Protection Officer for further information or go to our website where your rights are explained in more detail. If you would like to receive an explanation of your rights in paper format, please contact the Data Protection Officer.

Any complaints regarding your data should be addressed to the Data Protection Officer in the first instance. If the matter is not resolved you can contact the Information Commissioner's Office at: Wycliff House, Water Lane, Wilmslow, Cheshire, SK9 5AF Phone: 0303 123 1113.

If you do not provide the information required on the application form, then we will not be able to process application for a licence. Your data must be kept up to date in accordance with the conditions of your licence.

For further information on our Data protection Policies please go to our website: [West Suffolk Council - How we use your information](#) or email: [data.protection@westsuffolk.gov.uk](mailto:data.protection@westsuffolk.gov.uk)

### **Fraud Act 2006**

Applicants are advised that to make a false statement, knowingly or recklessly or omit any information from this application is an offence punishable on conviction by a fine or imprisonment for a term not exceeding two years or both.

I hereby declare that I fully understand, have read and checked the details and questions on this application form and the foregoing statements are true.

I understand that it is a criminal offence if I or anyone else gives false information, or makes a false representation within this application, or fails to disclose information in order for me to obtain a licence.

I am fully aware that the provision of a false statement, or information in order to obtain a licence is an offence under the above act which may result in the refusal of this licence application and any subsequent licence applications.

I am also aware that any licence granted as a result of breaching the above act will be immediately revoked.

I have read the West Suffolk Council hackney carriage and private hire policy, and I undertake, in the event of a licence being granted, to observe and comply with its contents.

All persons having commercial interest in this application are required to sign below.

**Applicant one**

|                       |  |  |  |
|-----------------------|--|--|--|
| Name (block capitals) |  |  |  |
|-----------------------|--|--|--|

|           |  |      |  |
|-----------|--|------|--|
| Signature |  | Date |  |
|-----------|--|------|--|

**Applicant two**

|                       |  |  |  |
|-----------------------|--|--|--|
| Name (block capitals) |  |  |  |
|-----------------------|--|--|--|

|           |  |      |  |
|-----------|--|------|--|
| Signature |  | Date |  |
|-----------|--|------|--|

**Applicant three**

|                       |  |  |  |
|-----------------------|--|--|--|
| Name (block capitals) |  |  |  |
|-----------------------|--|--|--|

|           |  |      |  |
|-----------|--|------|--|
| Signature |  | Date |  |
|-----------|--|------|--|

This completed form along with all supporting documents should be submitted electronically to the licensing department – [licensing@westsuffolk.gov.uk](mailto:licensing@westsuffolk.gov.uk)