

# Hackney carriage/private hire vehicle licence



Local Government (Miscellaneous Provisions Act) 1976

Please note:

- you must read the guidance notes and handbooks on [westsuffolk.gov.uk/taxi](http://westsuffolk.gov.uk/taxi) before completing this application
- the application will not be accepted unless all sections have been completed, all supporting documents supplied and fee paid
- tick box(es) as appropriate

1. Application type	
Hackney carriage <input type="checkbox"/>	Private hire <input type="checkbox"/>
Zone A <input type="checkbox"/> Zone B <input type="checkbox"/>	
First grant <input type="checkbox"/>	Renewal <input type="checkbox"/> see below:
<b>Renewals</b> please state your licence number:.....	
Expiry date of existing licence:.....	
2. Applicant (first or only proprietor)	
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other* <input type="checkbox"/>	* please state:
Forenames:	
Surname:	
Date of birth:	
Permanent address (this will be used for all correspondence):	
Postcode:	
Email address:	
Daytime phone no:	
Mobile no:	
Are you the registered keeper of the vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you the legal owner of the vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. Second or part proprietor	
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other* <input type="checkbox"/>	* please state:
Forenames:	
Surname:	
Date of birth:	
Permanent address (this will be used for all correspondence):	
Postcode:	

Email address:			
Daytime phone no:			
Mobile no:			
Are you the registered keeper of the vehicle?			
Are you the legal owner of the vehicle?			
<b>4. Vehicle details</b>			
Registration plate:		Number of doors:	
Passenger capacity:		Engine capacity:	
Make:		Wheelchair accessible:	
Model:		Swivel seat provided:	
Colour		Body style - saloon, estate:	
Fuel type:		Date of first registration (V5):	
<b>5. Operator (all private hire vehicles)</b>			
Operator business name:			
Operator licence number:			
Address of operator:			
	Postcode:		
<b>6. Date of transfer/change of vehicle (please complete transfer/change form)</b>			
Date:			
<b>7. Application enclosures</b>			
• Fee (cash not accepted)	<input type="checkbox"/>		
• V5 document showing current address or V5 transfer slip*	<input type="checkbox"/>		
• MOT certificate – current 6 months apart from taxi test (if applicable)*	<input type="checkbox"/>		
• Insurance certificate or cover note showing the use of the vehicle as <b>private/public hire *</b>	<input type="checkbox"/>		
• Taxi test certificate (less than 2 months old)	<input type="checkbox"/>		
• Taxi meter certificate (if applicable) (less than 2 months old)	<input type="checkbox"/>		
*These documents will be returned to you if they are originals			
<b>9. Declarations (please read and tick each box)</b>			
• I have read and understood the Private Hire/Hackney Carriage Driver Licence Conditions which are available at <a href="http://www.westsuffolk.gov.uk">www.westsuffolk.gov.uk</a> and agree to abide by them.	<input type="checkbox"/>		
• I understand all persons who are to drive the vehicle when it is licensed by the Council for public hire purposes must hold a current hackney carriage/private hire driver's licence and badge within its own licensing authority	<input type="checkbox"/>		

## 10. Privacy notice

The information I have provided will be held by the council on computerised and manual files (data will be made available on a public register as required by relevant legislation).

West Suffolk council is a Data Controller and can be contacted at: West Suffolk House, Western Way, Bury St Edmunds, Suffolk, IP33 3YU. Tel: 01284 763233. The Data Protection Officer is Leah Mickleborough and 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.

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.

Your data will be kept for seven years post licence expiry/surrender 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 Tel: 0303 123 1113.

If you do not provide the information required on the application form then we will not be able to process your 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: <https://www.westsuffolk.gov.uk/privacy/howweuseinformation.cfm> or email: [data.protection@westsuffolk.gov.uk](mailto:data.protection@westsuffolk.gov.uk)

I/we hereby declare that the information given in this form is true, complete and correct and that I have no objections to and hereby authorise the council to make such enquiries as may be necessary to check the truth of that information, which could include requesting information from other Councils and Government departments such as the Home Office and the DBS Update Service. I authorise both the council to enquire and receive information relating to my licence and/or conduct matters.

I/we understand that it is an offence to make a false statement in this application or to omit relevant details.

**In case of joint applicants/licensees, both persons must sign.**

**Signed:** \_\_\_\_\_ **Dated:** / /

**Print name:** \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Dated:** / /

**Print name:** \_\_\_\_\_

**Please send your application, documents and fee to West Suffolk Council:**

West Suffolk House  
Western Way  
Bury St Edmunds  
IP33 3YU

Phone: 01284 758050 Email: [licensing@westsuffolk.gov.uk](mailto:licensing@westsuffolk.gov.uk)