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*St Edmundsbury*  
BOROUGH COUNCIL

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Local Government Miscellaneous (Provisions) Act 1976

## APPLICATION FOR PRIVATE HIRE OPERATOR'S LICENCE

*Licensing Services 01284 758050*

Before completing this form, applicants are advised to carefully read the accompanying council conditions for private hire operators.

**Please complete form in ink and in BLOCK CAPITALS – incomplete applications will be returned.**

What type of application is this?                      First grant                       Renewal                       Transfer of business

If the application is in respect of a licence already held, state LICENCE NUMBER

### FULL DETAILS OF APPLICANT(S)

First or sole operator of the business  
(The person to whom all correspondence will normally be sent)

Title:	Mr	Mrs	Miss	Ms	Surname:	<input type="text"/>
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Full Forenames:

Home Address:

Post code:	Home telephone:
Date of birth:	Mobile:
Badge No (if any)	Email:

**COMPANY NAME:**

Address of premises:

Post code:                       Telephone no:

Has planning permission been granted in respect of the above premises?                      Yes                       No

If YES, planning reference:                       Date of issue:

If NO, has the planning dept confirmed that planning permission is not required?                      Yes                       No

Is the business intended to operate from a housing association premises?                      Yes                       No

If YES, has the necessary approval been given?                      Yes                       No   
*(please attach a copy of permission letter)*

Do you use a radio for operating?                      Yes                       No   
If YES, please attach a copy of your radio licence

**All applicants must enclose a copy of their public liability insurance (up to a value of £5 million).**

SECTION 1

1. Has any Private Hire Operator Licence previously held by you been revoked or suspended or has any Licensing Authority refused to renew a licence? YES/NO  
If YES state name of Licensing Authority and date:
2. Have you, or any Company of which you are or have been a Director or Secretary, been convicted of an offence? YES/NO  
If YES, state Date:  
Court:  
Offence:  
Sentence:
3. Are you (a) the sole proprietor? If Yes, go to Section 3 YES/NO  
(b) operating in partnership? YES/NO  
(c) operating the business as a Limited Company? YES/NO  
If the answer to 3(b) or (c) is YES, you must complete (Section 2)

SECTION 2 – to be completed where Business is Partnership or Limited Company

**(A) Partnership**

1. Name and address of each partner.
2. In respect of each partner is the answer to Question 1 in Section 1 YES/NO  
If YES, you must attach relevant details.
3. In respect of each partner, is the answer to Question 2 in Section 1 YES/NO  
If YES, you must attach relevant details

**(B) Limited Company**

1. Name and address of Registered Company
2. Name and address of each Director
3. In respect of each Director, is the answer to Question 1 – Section 1 YES/NO  
If Yes, you must attach relevant details.
4. In respect of each Director, is the answer to Question 2 – Section 1 YES/NO  
If Yes, you must attach relevant details.
5. Name and address of Company Secretary.
6. In respect of the Company Secretary, is the answer to Question 1 and Section 1 YES/NO?  
If Yes, you must attach relevant details.

