

# Hyndburn Borough Council

Application for Private Hire  
**OPERATOR** Licence  
(New/Renewal: PO \_\_\_\_\_ )



# HYNDBURN

The place to be  
an excellent council

1. NAME OF FIRM *(you must not use the words "taxi" or "cab" in any way)*:

2. OFFICE ADDRESS: (this must be the address from where the bookings are accepted and the records of such bookings are kept and would be available for inspection upon the request of an authorised officer or police officer)

3. BUSINESS TELEPHONE NUMBER(S):

4. EMAIL ADDRESSES:

5. HOW MANY VEHICLES DO YOU INTEND TO OPERATE:

6. GIVE DETAILS OF:

a) ANY PLANNING PERMISSION GRANTED IN RESPECT OF THE PREMISES FROM WHICH YOU INTEND TO OPERATE AND;

b) DETAILS OF CAR PARKING PROVISIONS FOR THE VEHICLES?

**7. WHAT FACILITIES ARE PROVIDED FOR THE FOLLOWING:**

a) **STAFF:**

b) **CUSTOMERS:**

**8. DO YOU INTEND TO APPOINT A MANAGER AND IF SO, PLEASE PROVIDE FULL DETAILS BELOW?**

**9. DO YOU INTEND TO PLACE ANY ADVERTISEMENTS ON YOUR VEHICLES? IF SO PLEASE GIVE DETAILS BELOW.**  
*(NOTE: All advertisements must be authorised by the Licensing Manager before display)*

**10. HOW MANY PEOPLE HAVE AN INTEREST IN THIS FIRM? (include all partners, directors and shareholders)**

**11. HAS ANY ONE FROM THE ABOVE LIST EVER BEEN REFUSED OR HAD A PRIVATE HIRE OPERATOR, A PRIVATE HIRE OR HACKNEY CARRIAGE VEHICLE LICENCE OR A PRIVATE HIRE OR HACKNEY CARRIAGE DRIVERS LICENCE SUPENDED REVOKED OR REFUSED BY THIS AUTHORITY OR, ANY OTHER AUTHORITY, FOR WHATEVER REASON? PLEASE STATE WHO AND WHY?**

**WHEN COMPLETED THIS FORM SHOULD BE RETURNED TO:**

**LICENSING DEPARTMENT  
SCAITCLIFFE HOUSE  
ORMEROD STREET  
ACCRINGTON  
LANCASHIRE  
BB5 0PF**

## **DETAILS OF FIRST APPLICANT**

1. FULL NAME:

2. HOME ADDRESS:

3. CONTACT TELEPHONE NUMBER:

4. ARE YOU CURRENTLY LICENSED WITH THIS AUTHORITY AS A DRIVER OR AS VEHICLE PROPRIETOR? (If so, please give badge details and/or vehicle details)

5. HAVE YOU EVER BEEN CONVICTED IN A COURT OF LAW? (Include all fixed penalty notices, cautions, convictions and ASBO's) YES / NO

Please note that if you are not already licensed by this authority as a driver we will require you to provide a basic DBS (criminal record check)

6. HAVE YOU EVER HELD AN OPERATOR'S LICENCE WITH THIS AUTHORITY OR ANY OTHER LOCAL AUTHORITY? ( If so, provide details)

7. IF THE BUSINESS IS IN PARTNERSHIP, PLEASE STATE YOUR POSITION AND BRIEF OUTLINE OF RESPONSIBILITIES?

**IT IS AN OFFENCE FOR ANY PERSON KNOWINGLY OR RECKLESSLY TO MAKE A FALSE STATEMENT OR OMIT ANY MATERIAL PARTICULAR IN THE COMPLETION OF THIS FORM**

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

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.

To see more about how we record and store your information please go to:

<https://www.hyndburnbc.gov.uk/privacy-notice/>

## DETAILS OF SECOND APPLICANT

8. FULL NAME:

9. HOME ADDRESS:

10. CONTACT TELEPHONE NUMBER:

11. ARE YOU CURRENTLY LICENSED WITH THIS AUTHORITY AS A DRIVER OR AS VEHICLE PROPRIETOR? (If so, please give badge details and/or vehicle details)

12. HAVE YOU EVER BEEN CONVICTED IN A COURT OF LAW? (Include any fixed penalty notices, cautions, convictions or ASBO's) YES / NO

Please note that if you are not already licensed by this authority as a driver we will require you to provide a basic DBS (criminal record check)

13. HAVE YOU EVER HELD AN OPERATOR'S LICENCE WITH THIS AUTHORITY OR ANY OTHER LOCAL AUTHORITY? ( If so, provide details)

14. IF THE BUSINESS IS IN PARTNERSHIP, PLEASE STATE YOUR POSITION AND BRIEF OUTLINE OF RESPONSIBILITIES?

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SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

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## DETAILS OF THIRD APPLICANT

15. FULL NAME:

16. HOME ADDRESS:

17. CONTACT TELEPHONE NUMBER:

18. ARE YOU CURRENTLY LICENSED WITH THIS AUTHORITY AS A DRIVER OR AS VEHICLE PROPRIETOR? (If so, please give badge details and/or vehicle details)

HAVE YOU EVER BEEN CONVICTED IN A COURT OF LAW? (Including any fixed penalty notices, cautions, convictions and ASBO's) YES / NO

Please note that if you are not already licensed by this authority as a driver we will require you to provide a basic DBS (criminal record check)

19. HAVE YOU EVER HELD AN OPERATOR'S LICENCE WITH THIS AUTHORITY OR ANY OTHER LOCAL AUTHORITY? ( If so, provide details)

20. IF THE BUSINESS IS IN PARTNERSHIP, PLEASE STATE YOUR POSITION AND BRIEF OUTLINE OF RESPONSIBILITIES?

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