|  |  |
| --- | --- |
| **Application for a Licence to Operate Private Hire Vehicles** |  |

**Application Procedure**

* Complete the application.
* When completing this application, ensure that you have read and familiarised yourself with the conditions relating to private hire vehicles.
* Pay the relevant fee - see our [fees and charges](https://www.wigan.gov.uk/Business/Licensing-Permits-Registrations/Taxi-licence-fees.aspx)
* Email your completed application, public liability insurance, planning permission and entitlement to work to licensing@wigan.gov.uk
* Please ensure all sections are completed (failure to do so may result in your application being returned). Please ensure you check the appropriate boxes.
* You are advised to make renewal applications **at least 21 days** prior to the expiry date.
* Basic Disclosure (mandatory if you are not currently a licensed private hire or hackney carriage driver)

**\*\*A valid email address is required in order to progress with your application\*\***

**I confirm that I have read and understand the guidance notes before completing this application** [ ]

**Type of Application**

First Grant [ ]  Renewal of Existing Licence [ ]

**Licence Details** (if applicable)

|  |  |  |  |
| --- | --- | --- | --- |
| Licence No. | **PO**  | Expiry Date |  |

|  |  |
| --- | --- |
| **A** | **Name of Operator / Firm** |

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **B** | **Address of Premises (list each address in which you operate or intend to operate in)**  |

**First Address**

|  |  |
| --- | --- |
| Address (including postcode) |  |

|  |  |
| --- | --- |
| Contact Telephone Number (s) |  |

|  |  |
| --- | --- |
| Email Address |  |

**Second Address (if any)**

|  |  |
| --- | --- |
| Address (including postcode) |  |

|  |  |
| --- | --- |
| Contact Telephone Number (s) |  |

|  |  |
| --- | --- |
| Email Address |  |

Please add details of any further premises (if required) in the box below. Ensure that all the details above are provided.

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **C** | **First Applicants Details (if the applicant is a Limited Company complete section E)** |

|  |  |  |
| --- | --- | --- |
| Mr [ ]  Mrs [ ]   | Miss [ ]  Ms [ ]  Other |  |

|  |  |
| --- | --- |
| Surname  |  |

|  |  |
| --- | --- |
| Forename(s) |  |

|  |  |
| --- | --- |
| Current Address (including postcode) |  |
|  |

|  |  |
| --- | --- |
| Date of Birth |  |

|  |  |
| --- | --- |
| Nationality |  |

|  |  |
| --- | --- |
| Place of Birth |  |

|  |  |
| --- | --- |
| Contact Telephone Number (s) |  |

|  |  |
| --- | --- |
| Email Address |  |

|  |  |
| --- | --- |
| Place of Birth |  |

|  |  |
| --- | --- |
| **D** | **Second Applicant Details (if applicable)** |

|  |  |  |
| --- | --- | --- |
| Mr [ ]  Mrs [ ]   | Miss [ ]  Ms [ ]  Other |  |

|  |  |
| --- | --- |
| Surname  |  |

|  |  |
| --- | --- |
| Forename(s) |  |

|  |  |
| --- | --- |
| Current Address (including postcode) |  |
|  |

|  |  |
| --- | --- |
| Date of Birth |  |

|  |  |
| --- | --- |
| Nationality |  |

|  |  |
| --- | --- |
| Place of Birth |  |

|  |  |
| --- | --- |
| Contact Telephone Number (s) |  |

|  |  |
| --- | --- |
| Email Address |  |

|  |  |
| --- | --- |
| Place of Birth |  |

|  |  |
| --- | --- |
| **E** | **Company Details (if applicable)** |

|  |  |
| --- | --- |
| Company name  |  |

|  |  |
| --- | --- |
| Registered Address (including postcode) |  |
|  |

|  |  |
| --- | --- |
| Contact Telephone Number (s) |  |

|  |  |
| --- | --- |
| Email Address |  |

|  |  |
| --- | --- |
| Name of Director (s)  |  |

|  |  |
| --- | --- |
| Name of Company Secretary |  |

|  |  |
| --- | --- |
| Company Registration Number |  |

|  |  |
| --- | --- |
| **F** | **Further Applicant Details** |

HMRC have introduced a new tax check which needs to be completed to ensure each licence holder is aware of their tax obligations, and are registered for tax, where applicable. If you fall into any of the following categories we need to check that you are registered for tax.

* Renewing an existing licence;
* Applying for the same type of licence you previously held, that ceased to be valid less than a year ago; or
* Applying for the same type of licence that you already hold with another licensing authority.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you fall into one of the above categories? | Yes |  | No |  |

If **No**, please complete the following:

|  |  |  |
| --- | --- | --- |
| I can confirm that I am aware of the new HMRC guidance and my tax obligations which came into effect on 4 April 2022 | **Yes** |  |

If **Yes**, please complete the following:

*Please complete the following for each applicant if applying as individuals. If you are applying as a company, you still need to provide us with a tax code.*

|  |  |  |
| --- | --- | --- |
| I can confirm that I am aware of the new HMRC guidance and my tax obligations which came into effect on 4 April 2022; **and** | **Yes** |  |
| have provided below a check code confirming I am registered for tax. |  |  |

|  |  |  |
| --- | --- | --- |
| **A1**. | Check Code  |  |
|  |  |  |
| **A2**. | Date Requested |  |

You will need a Government Gateway user ID and password to complete a tax check and If you do not have one you can create one at

<https://www.gov.uk/log-in-register-hmrc-online-services/register>

You can complete the tax check via the following link:

<https://www.gov.uk/guidance/complete-a-tax-check-for-a-taxi-private-hire-or-scrap-metal-licence>

|  |  |
| --- | --- |
| Are all applicants entitled to work in the UK? | Yes [ ]  No [ ]  |
| I / We declare that we are entitled to work in the UK and I / We have provided evidence of this [ ]  |

|  |  |
| --- | --- |
| Has any person (s) listed in Section’s C / D or E (and in the case of a listed company, the company itself) ever been refused a hackney carriage or private hire licence, or having been granted such a licence , had it suspended or revoked? | Yes [ ]  No [ ]  |

|  |
| --- |
| If the answer is yes, please give details below (including the name of the local authority and the date of the refusal / suspension / revocation). |
|  |

|  |  |
| --- | --- |
| Is any person (s) listed in Section’s C / D or E an undischarged bankrupt?  | Yes [ ]  No [ ]  |
| If the answer is yes, please give details below  |
|  |

|  |  |
| --- | --- |
| I confirm that each applicant / person listed in Section’s C / D or E has completed a tax check form  | Yes [ ]   |

|  |  |
| --- | --- |
| **G** | **Planning** |

|  |  |
| --- | --- |
| Do all the premises listed in Section B have planning permission for the operating of private hire vehicles? | Yes [ ]  No [ ]  |
| Has evidence been produced? | Yes [ ]  No [ ]  |

|  |
| --- |
| If the answer is no, please give details why? |
|  |

|  |  |
| --- | --- |
| **H** | **Vehicles** |

|  |  |
| --- | --- |
| Will any of your vehicles be fitted with taxi meters? | Yes [ ]  No [ ]  |

|  |
| --- |
| If the answer is yes, please give details of the taxi meter, including make, model and serial number (if any) |
|  |

|  |  |
| --- | --- |
| How many vehicles will operate under the licence (if granted)? |  |

Please specify all private hire vehicles, which operate or will operate under your licence (including plate number, registration number and proprietor)

|  |  |  |
| --- | --- | --- |
| **Plate Number** | **Registration Number** | **Proprietor Name** |
|  |  |  |

|  |  |
| --- | --- |
| **I** | **Business Plan** |

You will be required to provide a business plan giving details of your proposed/current operating procedures. Please complete the table below.

|  |  |
| --- | --- |
| How will you ensure that your vehicles and drivers are compliant? |  |
|  |  |
| What is the geographical area in which you intend to provide vehicles? |  |
|  |  |
| How will you take bookings ie telephone, online? |  |
| What is your estimated operating times? |  |
|  |  |
|  |  |
| What is your complaints procedure? |  |
| In which (if any) of the premises listed in Section B do you intend to have a waiting room for members of the public? **\*If so, please provide us with evidence of your Public Liability Insurance when sending your application to the Licensing team\*** |  |

|  |  |
| --- | --- |
| **J** | **Details of Payment** |

|  |  |
| --- | --- |
| Reference No. |  |

|  |  |
| --- | --- |
| Date of Payment |  |

|  |  |
| --- | --- |
| **K** | **Declaration of Convictions**  |

**This section must be completed in all circumstances by all applicants. Where the applicant is a limited company the declaration must be completed by all directors and where applicable the company secretary.**

|  |  |
| --- | --- |
| Are you an existing driver? | Yes [ ]  No [ ]  |
| **I am an existing private hire / hackney carriage driver** |
| Please provide your licence number |  |

|  |  |
| --- | --- |
| Have you ever been convicted of any offence, received any formal cautions or had any fixed penalty notices since your last DBS?If the answer is yes, please give details in the table below. | Yes [ ]  No [ ]  |

**I am not an existing private hire / hackney carriage driver**

Where the applicant is a limited company the declaration must be completed by all directors and where applicable the company secretary. (copies can be made of the declaration if required). If you do not hold an existing private hire / hackney carriage driver licence then the declaration must be completed in the presence of a solicitor of commissioner of oaths.

I make this solemn declaration conscientiously believing the same along with the answers given in the attached application form to be true and by virtue of the provisions of the Statutory Declarations Act 1835 and Section 5 of the Perjury Act 1911.

|  |  |
| --- | --- |
| Have you ever been convicted of any offence, received any formal cautions or had any fixed penalty notices?If the answer is yes, please give details in the table below | Yes [ ]  No [ ]  |

**Convictions / Cautions and Fixed Penalty Notices**

|  |  |  |
| --- | --- | --- |
| **Court and Date** | **Offence (s)** | **Sentence (if any)** |
|  |  |  |

|  |  |
| --- | --- |
| Declared at |  |

|  |  |
| --- | --- |
| Date |  |

|  |  |
| --- | --- |
| Before Me(Solicitor / Commissioner of Oaths) |  |

|  |  |
| --- | --- |
| Office Address |  |

|  |  |
| --- | --- |
| Applicant Signature |  |

I declare that this is a true record of all offences recorded against me and that I have read and understand all the information contained in this form [ ]

|  |  |
| --- | --- |
| Print Name |  |

|  |  |
| --- | --- |
| Date |  |

|  |  |
| --- | --- |
|  | **Declaration of Convictions**  |

**This section must be completed in all circumstances by all applicants. Where the applicant is a limited company the declaration must be completed by all directors and where applicable the company secretary. (copies can be made of the declaration if required).**

|  |  |
| --- | --- |
| Are you an existing driver? | Yes [ ]  No [ ]  |
| **I am an existing private hire / hackney carriage driver** |
| Please provide your badge number |  |

|  |  |
| --- | --- |
| Have you ever been convicted of any offence, received any formal cautions or had any fixed penalty notices since your last DBS?If the answer is yes, please give details in the table below. | Yes [ ]  No [ ]  |

**I am not an existing private hire / hackney carriage driver**

Where the applicant is a limited company the declaration must be completed by all directors and where applicable the company secretary. (copies can be made of the declaration if required). If you do not hold an existing private hire / hackney carriage driver licence then the declaration must be completed in the presence of a solicitor of commissioner of oaths.

I make this solemn declaration conscientiously believing the same along with the answers given in the attached application form to be true and by virtue of the provisions of the Statutory Declarations Act 1835 and Section 5 of the Perjury Act 1911.

|  |  |
| --- | --- |
| Have you ever been convicted of any offence, received any formal cautions or had any fixed penalty notices?If the answer is yes, please give details in the table below | Yes [ ]  No [ ]  |

**Convictions / Cautions and Fixed Penalty Notices**

|  |  |  |
| --- | --- | --- |
| **Court and Date** | **Offence (s)** | **Sentence (if any)** |
|  |  |  |

|  |  |
| --- | --- |
| Declared at |  |

|  |  |
| --- | --- |
| Date |  |

|  |  |
| --- | --- |
| Before Me(Solicitor / Commissioner of Oaths) |  |

|  |  |
| --- | --- |
| Office Address |  |

|  |  |
| --- | --- |
| Applicant Signature |  |

I declare that this is a true record of all offences recorded against me and that I have read and understand all the information contained in this form [ ]

|  |  |
| --- | --- |
| Print Name |  |

|  |  |
| --- | --- |
| Date |  |

|  |  |
| --- | --- |
| **L** | **Caution** |

You are advised that to knowingly or recklessly make a false statement or omit any material particular from this application or any document submitted with it is an offence punishable on conviction by a fine or imprisonment.

|  |  |
| --- | --- |
| (a)(b)(c) | I / We declare that I / We have checked the information given in this application form and to the best of my knowledge and belief it is correct. I declare that I am entitled to live and work in the UK and I have provided evidence of this I / We declare that I / We have completed a tax check formFurther details regarding data sharing can be found in our [Taxi Licensing Privacy Notice](https://www.wigan.gov.uk/Docs/PDF/Council/Data-Protection-FOI/Privacy-notices/Licensing/Taxi-Licensing-Privacy-Notice.pdf) |

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.

For further information see the authority’s website [Wigan Council National Fraud Initiative](http://www.wigan.gov.uk/Council/DataProtection-FOI-Stats/National-Fraud-Initiative.aspx)

(If signing this form on behalf of a company please state in what capacity)

|  |  |
| --- | --- |
| First ApplicantPrint Name |  |

|  |  |
| --- | --- |
| Capacity |  |

|  |  |
| --- | --- |
| Date |  |

|  |  |
| --- | --- |
| Second ApplicantPrint Name |  |

|  |  |
| --- | --- |
| Capacity |  |

|  |  |
| --- | --- |
| Date |  |