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| --- | --- |
| **Application for a Private Hire Vehicle Licence** |  |

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**Application Procedure**

1. Complete the application in full.
2. [Pay the relevant fee](https://www.wigan.gov.uk/Business/Licensing-Permits-Registrations/Taxi-and-Private-Hire/Coronavirus-Arrangements-for-Licensing-Service.aspx)
3. Email your completed application, including the required supporting documents to licensing@wigan.gov.uk

Prior to submitting this application applicants are advised to read through and familiarise themselves with the current policy, eligibility criteria and the conditions which are attached to all vehicle licences. Failure to do so could lead to an application being rejected or refused [www.wigan.gov.uk/taxilicensing](http://www.wigan.gov.uk/taxilicensing)

As part of the application process the Licensing Team will begin carrying out a comprehensive check to verify vehicle details.

Renewal applications can be made up to 8 weeks prior to the expiry date. Applicants are advised to submit an application at least 3 weeks prior to the expiry date.

**Failure to submit a completed application, including supporting documents and the appropriate fee, within 5 working days from the initial contact, will result in an application being rejected.**

**Payment**

|  |  |  |  |
| --- | --- | --- | --- |
|  Reference No. |  | Date of Payment |  |

**Supporting Documents Checklist**

The following documents **must be** provided when submitting your application.

* Log Book (V5 Document) (mandatory)
* Bill of Sale (mandatory, except for renewal applications)
* Evidence of Insurance (mandatory for renewal applications, but can follow for new to fleet applications
* Basic Disclosure (mandatory if you are not currently a licensed private hire or hackney carriage driver)

If you are applying to transfer a licence from one proprietor to another, the above should also be accompanied by a consent form.

* Consent Form (to completed by each of the existing proprietors)

If you are applying to change the vehicle registration on an existing licensed vehicle, the above (with the exception of a bill of sale) should also be accompanied by proof of the change of registration from DVLA.

* Proof of the change of registration from DVLA

**All sections and questions in this application are MANDATORY and must be completed.**

**A. Type of Application** ✓

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| New |  | Renewal |  | Transfer of Proprietor(s) |  |

**B. Licence Period** ✓

|  |  |  |  |
| --- | --- | --- | --- |
| 6 Months |  | 12 Months |  |

**C. Licence Details** *(To be completed for all applications, except New)*

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

**D. Vehicle Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Registration No. |  | Colour |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Make  |  | Model |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of 1st Registration |  | Age of Vehicle  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Engine Capacity (cc) |  | Brake Horse Power (bhp) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| CO² Emissions (g/km) |  | Euro Standard |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Vehicle Category / Type Approval: ✓ | M1 |  | M2 |  | Other (please specify) |  |

Type of Vehicle: ✓ *(please tick only one)*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Manual |  | Automatic |  | Full Hybrid |  | Plug In Hybrid |  | All Electric |  |

Type of Fuel: ✓ *(please tick only one)*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Petrol |  | Diesel |  | LPG |  | Not Applicable |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Number of Passengers (excluding driver) |  | Number of Doors |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is the vehicle right hand drive? | Yes |  | No |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is the vehicle adapted to carry wheelchairs? | Yes |  | No |  |

|  |  |  |
| --- | --- | --- |
| Number of wheelchairs the vehicle is able to carry? |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is the vehicle fitted with a mechanical tail lift? | Yes |  | No |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is the vehicle fitted with a passenger lift? | Yes |  | No |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Has the vehicle been modified from the manufacturer’s original specification? | Yes |  | No |  |

If yes, give full details

|  |
| --- |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Has the vehicle been written off in any category? | Yes |  | No |  |

If yes, give full details

|  |
| --- |
|  |

|  |
| --- |
| Specify the place (full address) where the vehicle will be kept when it is not in use |
|  |
| Give full details of the fare meter, including make, model and serial number (if any) |
|  |
| Please specify all individuals who will drive this vehicle |
|  |

**E. Operator Details**

Please specify the name and address of **all** the Operators who will supply your bookings – these must be a licensed Wigan operator. Please note that checks may be made with operators to verify this information.

|  |
| --- |
|  |

**F. Insurance Details**

|  |  |
| --- | --- |
| Name of Insurance Company |  |

|  |  |
| --- | --- |
| Expiry Date |  |

**G. Vehicle Inspection**

We aim to provide you with a vehicle inspection within 5 working days from your application being ‘accepted’. You will be emailed the **next available** date and time; therefore please advise below any dates or times you will not be available. Tests appointments range from 7am until 5pm, Monday to Friday.

|  |
| --- |
|  |

**H. Applicant(s) Details**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Type of Applicant(s):** | Individual(s)*(complete part a only)* |  | Limited Company*(complete**part b only)* |  | Partnership*(complete* *part a only*) |  |

1. **Individual(s)**

**Main (or only) Proprietor**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mr |  | Mrs |  | Miss |  | Ms |  | Other |  |

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

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

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

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

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

|  |  |
| --- | --- |
| Email Address (mandatory) |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is the above individual a licensed private hire or hackney carriage driver with Wigan Council? | Yes |  |  No |  |

|  |  |
| --- | --- |
| If yes, specify licence number(s) |  |

**If no, a Basic DBS check will be required and submitted with this application.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Has the above individual ever had a licence refused or revoked in relation to hackney carriage or private hire licensing? | Yes |  | No |  |

|  |  |
| --- | --- |
| If yes, please provide details |  |

**Additional Proprietor (if any)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mr |  | Mrs |  | Miss |  | Ms |  | Other |  |

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

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

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

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

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

|  |  |
| --- | --- |
| Email Address (mandatory) |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is the above individual a licensed private hire or hackney carriage driver with Wigan Council? | Yes |  |  No |  |

|  |  |
| --- | --- |
| If yes, specify licence number(s) |  |

**If no, a Basic DBS check will be required and submitted with this application.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Has the above individual ever had a licence refused or revoked in relation to hackney carriage or private hire licensing? | Yes |  | No |  |

|  |  |
| --- | --- |
| If yes, please provide details |  |

1. **Company Details**

|  |  |
| --- | --- |
| Company Name  |  |

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

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

|  |  |
| --- | --- |
| Contact Telephone Numbers |  |

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

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

|  |  |
| --- | --- |
| Email Addresses for the above Director(s)  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are all the above individuals a licensed private hire or hackney carriage driver with Wigan Council? | Yes |  |  No |  |

|  |  |
| --- | --- |
| If yes, specify licence number(s) |  |

**If no, a Basic DBS check will be required and submitted with this application.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have any of the above individuals ever had a licence refused or revoked in relation to hackney carriage or private hire licensing? | Yes |  | No |  |

|  |  |
| --- | --- |
| If yes, please provide details |  |

**I. Declaration**

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.

I / We declare that:

* I have read and understood the Council’s eligibility criteria before submitting this application.
* I am aware that my application will be rejected if I do not submit a fully completed application, including supporting documents and the appropriate fee, within 5 working days from the initial contact.
* The answers given in this application are true to the best of my / our knowledge and belief.
* I / we am / are the proprietor(s) of the above-mentioned vehicle as defined in Section 80 of the Local Government (Miscellaneous Provisions) Act 1976 and Section 40 of the Town Police clauses Act 1847.
* The following details can be included on the online list of wheelchair accessible vehicles (if applicable). (Preferred contact details to be displayed)

|  |  |  |  |
| --- | --- | --- | --- |
| Email |  | Telephone Number |  |

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

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

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

*N.B. 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:*

[*http://www.wigan.gov.uk/Council/DataProtection-FOI-Stats/National-Fraud-Initiative.aspx*](http://www.wigan.gov.uk/Council/DataProtection-FOI-Stats/National-Fraud-Initiative.aspx)