

**TOWN POLICE CLAUSES ACT 1847
 LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1976
 APPLICATION FOR RENEWAL HACKNEY CARRIAGE/PRIVATE HIRE DRIVER LICENCE**



Current licence number	
Current licence expiry date	

Applicant Details

Full name (including title)	
Date of birth	
Home address	
Telephone number	
Email address	
National Insurance Number	
Driving Licence Number (DVLA)	
Driving Licence issue date	
Driving Licence expiry date	
How long have you held this licence?	_____ Years _____ Months
Have you previously held an Isle of Wight Council's Driver's Licence?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Have you previously held a licence issued by another council to drive a hackney carriage or private hire vehicle?	<input type="checkbox"/> No <input type="checkbox"/> Yes Issuing Authority: _____
Have you ever been refused a hackney carriage or private hire vehicle driver's licence?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Have you ever had a hackney carriage or private hire vehicle driver's licence revoked?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If your application for a hackney carriage/private hire driver's licence is successful for whom will you be driving?	

Are there any motoring or criminal convictions recorded against you?

No Yes

If yes, please give details:

Date of conviction	Offence	Sentence

Are there any motoring or criminal convictions pending against you?

No Yes

If yes, please give details:

Date of next hearing	Offence

TAX CHECK CODE

Please follow the below link to complete the tax check and obtain the 9 character code and enter in the box provided

[Complete a tax check for a taxi, private hire driver - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

I confirm that I am legally entitled to work in the UK

I confirm that the details contained in this application and any attached documentation are correct to the best of my knowledge and belief and I understand that giving false/misleading information or withholding information may result in the refusal or revocation of any licence, permit or registration and I may be liable to prosecution.

Signed: _____ Print name: _____ Dated: _____

This application form should be completed and returned to the Licensing Department along with the appropriate fee.

Please read the guidance below regarding what must accompany your application for it to be valid:

Licensing Department, County Hall, High Street, Newport, Isle of Wight, PO30 1UD
Tel. 01983 823159 taxis@iow.gov.uk

Your information will be used to allow the Council to process your application. In accordance with Data Protection law, the legal basis for this is for the performance of a task carried out in exercise of official authority. Your information will be shared with other council departments and relevant external bodies for the purposes of processing your application.

You can find further details of how we use the information you provide and who to contact if you have enquiries at: www.iow.gov.uk/licensing.

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. For further information, see www.iwight.com/nfi.