TOWN POLICE CLAUSES ACT 1847 LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1976 APPLICATION FOR A GRANT HACKNEY CARRIAGE/PRIVATE HIRE DRIVER LICENCE IS I



Applicant Details

		1			
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?		□No	☐ Yes		
Have you previously held a licence issued by another council to drive a hackney carriage or private hire vehicle?		☐ No Issuing Aut	☐ Yes hority:		
Have you ever been refused a hackney carriage or private hire vehicle driver's licence?		☐ No	☐ Yes		
Have you ever had a hackney carriage or private hire vehicle driver's licence revoked?		□No	☐ 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 cor	nvictions	recorded ag	ainst you?		
☐ No ☐ Yes If yes, please give details:					
Date of conviction		Offence		Sentence	
	 				

Are there any motoring or cr	iminal convictions pending aga	inst you?
☐ No ☐ Yes If yes, please give details:		
Date of next hearing		Offence
Date of flext flearing	y	Offence
Confirming you understa	nd your tax responsibilities	<u>i</u>
Please confirm that you a responsibilities.	re aware of the HMRC guid	ance and that you are aware of your Tax
Confirm your tax response GOV.UK (www.gov.uk)	sibilities when applying for	a hackney carriage/private hire driver licence -
☐ Yes		
Sharing your Driving Licence	<u>Information</u>	
		equired to go to https://www.gov.uk/view-driving- be issued with a code which should be inserted in the
☐ I confirm that I am legally	entitled to work in the UK	
of my knowledge and belief	and I understand that giving fa	d any attached documentation are correct to the best lse/misleading information or withholding information it or registration and I may be liable to prosecution.
Signed:	Print name:	Dated:
This application form show below with the appropriate		ed to the Licensing Department at the address
Licensing Department, Cour Tel. 01983 823159	nty Hall, Newport, Isle of Wight taxis@iow.gov.uk	PO30 1UD

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.