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

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Current licence number			•	OUNCIL
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?	Yea	ars	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 Auth	☐ Yes ority:		
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 convictions ☐ No ☐ Yes	s recorded aga	inst you?		

If yes, please give details:

Date of conviction	Offence	Sentence
Are there any motoring or crimina	I 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 corprovided	nplete the tax check and obtain the	9 character code and enter in the box
Complete a tax check for a taxing	rivate hire driver - GOV.UK (www.g	ovuk)
Complete a tax official for a taxi, p	nvate fille driver - 00 v.ort (www.g	<u>ov.uitj</u>
		go to https://www.gov.uk/view-driving- with a code which should be inserted in the
☐ I confirm that I am legally entitl	ed to work in the UK	
☐ I confirm that the details contain	ned in this application and any atta	ched documentation are correct to the best
of my knowledge and belief and I	understand that giving false/mislead	ding information or withholding information
may result in the refusal or revoca	luon of any licence, permit or registi	ration and I may be liable to prosecution.
Cianad	Drint names	Data di
Signed:	Print name:	Dated:

This application form should be completed and returned to the Licensing Department along with the fee of £150.

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 licensing@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.iwight.com/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.