

**LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1976**  
**Application for a Private Hire Operator Licence**



This is a:

- New licence application  
 Renewal of a licence application (additional details required below)

|                             |  |
|-----------------------------|--|
| Current licence number      |  |
| Current licence expiry date |  |

**Applicant Details (if applying as an individual/s – if applying as a company, please complete the details on page 2)**

|                                     |   |
|-------------------------------------|---|
| Owner's full name (including title) |   |
| Date of birth                       |   |
| Home address                        |   |
| Telephone number                    |   |
| Email address                       |   |
| Name of business                    |   |
| Are you the sole operator?          | <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, please complete the details below) |

**Second applicant details (if required)**

|                                     |  |
|-------------------------------------|--|
| Owner's full name (including title) |  |
| Date of birth                       |  |
| Home address                        |  |
| Telephone number                    |  |
| Email address                       |  |

**Third applicant details (if required)**

|                                     |  |
|-------------------------------------|--|
| Owner's full name (including title) |  |
| Date of birth                       |  |
| Home address                        |  |
| Telephone number                    |  |
| Email address                       |  |

## Company Details

|                     |  |
|---------------------|--|
| Company name        |  |
| Registered address  |  |
| Company number      |  |
| Director(s) name(s) |  |
| Secretary's name    |  |
| Telephone number    |  |
| Email address       |  |

## Operating Premises Details

|                   |  |
|-------------------|--|
| Trading name      |  |
| Operating address |  |
| Telephone number  |  |
| Email address     |  |

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: \_\_\_\_\_

Signed: \_\_\_\_\_ Print name: \_\_\_\_\_ Dated: \_\_\_\_\_

Signed: \_\_\_\_\_ Print name: \_\_\_\_\_ Dated: \_\_\_\_\_

**This application form should be completed and returned to the Licensing Department at the address below with the appropriate fee.**

Licensing Department, County Hall, High Street, Newport, PO30 1UD  
Tel. 01983 823159  
[taxis@iow.gov.uk](mailto: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](http://www.iow.gov.uk/licensing).