

VMU booking date:

VMU Time:

Entered on Lalpac:

Calibration certificate rec:

Other comments:

APPLICATION FOR A HACKNEY CARRIAGE LICENCE
LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1976

Grant?	
Renewal?	
Replacement?	

Please tick the appropriate box

I/We the undersigned being the proprietor(s) of a motor vehicle HEREBY REQUEST YOU to grant/renew/replace a licence for such vehicle to be used as a hackney carriage vehicle.

I/We hereby state that the following particulars in respect of my/our application are to the best of my/our knowledge and belief correct.

BLOCK LETTERS PLEASE

1. Name of licence holder.....
 Home Address Telephone No
 Mobile No:.....
 Email:.....

1(a) Name of licence holder..... Telephone No
 Home address Mobile No:.....
 Email.....

1(b) Name of licence holder..... Telephone No
 Home address Mobile No:.....
 Email.....

2. Please give the name and address of every person who is concerned either solely or in Partnership with any other person in the keeping, employing or letting or hire of the vehicle.

Name Address

Name Address

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 crime. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

I/We enclose the following items requested overleaf (note 4) in respect of this application:-

Date Signature(s)1

1(a).....

1(b).....

Continued overleaf.....

NOTES

1. It is an offence, punishable on summary conviction by a fine not exceeding £1000, knowingly or recklessly to make a false statement or omit any material particular in the completion of this form. The making of such false statements or omission may also result in the immediate suspension or revocation of the licence.
2. The vehicle cannot be licensed by any other authority whilst licensed by the City of Lancaster.
3. This form must be completed and returned to the Head of Legal and Human Resources, Town Hall, Lancaster.
4. The form must be accompanied by the following:-
 - (a) **The fee (see payment form A)**
 - (b) **The vehicle registration certificate/bill of sale.**
 - (c) **Certificate of Insurance covering third party liability in respect of physical injury or death and in respect of damage to personal belongings.**
 - (d) **The current exemption certificate/M.O.T. certificate. (if applicable)**
 - (e) **Calibration certificate. See attached form (for Replacements and fare increases)**

SCHEDULE PARTICULARS TO BE COMPLETED BY THE APPLICANT			
Vehicle plate no:		Has your vehicle been modified	
Date of first registration		Insurance Policy No	
Reg No		Insurance Company	
Make & Type		Type of cover	
		Date of insurance	
Engine c.c		Expiry date of insurance	
Engine Number		Chassis Number	
Colour		Certificate of compliance No	
Seating capacity (excluding driver)		Certificate of compliance expiry date	
Make of meter		Radio fitted	
Name of Operator		Address of Operator	

OFFICE USE ONLY

Details	Officers' signature	Date
Insurance details checked by		
Certificate of Compliance checked by		
Registration document checked by Serial No (top left)		