

VMU booking date:

VMU Time:

Entered on Lalpac: Calibration cert rec:

Other comments:

APPLICATION FOR A PRIVATE HIRE VEHICLE 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 private hire 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 ho	lder	
	Home Address		Telephone No
			Mobile No:
			Email
1 (a)	Name of licence ho	lder	Telephone No
	Home address		Mobile No:
			Email:
1 (b)	Name of licence ho	lder	Telephone No
	Home address		Mobile No:
			Email:
2.	in Partnership with any other person in the		
	Name	Address	
	Name	Address	
inform	ation you have formation with o	r a duty to protect the public funds it administers provided on this form for the prevention and det ther bodies responsible for auditing or administe	ection of crime. It may also share
I/We end	close the items reques	sted 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 Licensing Section, 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/the 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 Certificate of Compliance (if applicable)
 - (e) Calibration certificate. See attached form (for Grants and Replacements only where a meter has been fitted)

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