

## APPLICATION FOR THE INITIAL GRANT OF A PRIVATE HIRE VEHICLE OPERATOR'S LICENCE

## WARNING

It is an offence for an applicant knowingly or recklessly to make a false statement or to omit any material information in order to obtain a licence. Such action will reflect on the suitability of the applicant to hold such a licence.

Please complete all sections
Full Details of Applicant
Title: Mr/Mrs/Miss/Ms/Other Name: MOHANINED IQBIL
Address:
Postcode:
Telephone no:
Email address:
Date of birth:
National Insurance No: Do you have the legal right to work in this country? YES/NO-
If the applicant proposes to operate the vehicle(s) in partnership with any other persons, please state the name and address of each partner.*
Title: Mr/Mrs/Miss/Ms/Other Name:
Address:
Postcode:
Telephone no:
Email address:
Date of birth: Place of birth:
National Insurance No:
Has any applicant had an application to any Local Authority for the grant or renewal of a Private Hire Operator/Driver or Hackney Carriage Driver Licence <b>refused</b> , or had a licence <b>revoked or suspended</b> ?
If yes please give details:
Name of Local Authority: YORK
Dates: Nov 2020 Type of Licence: OQERATORS
Decision & Reasons: Revoked - Obtained Successfully on Appeal

Registered Company Details					
Is the application being made in respect of a registered company?				<del>'ES</del> - /	NO
Has any director or secretary previously applied for any operator licence?  YES / NO If Yes please give details					
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Registered Company Name:					*******************
Registered Company Address:			,		
,			. Postcode:	,	
Telephone no:	Email	address:	***************************************		
Director's name and address:					
			. Postcode:		,
Secretary's name and address:		••••			***************************************
			. Postcode:		
Has there been any <b>revocation or sus</b> If Yes, please give details	<b>sension</b> of any	operator licer	nce previously	held?	YES / NO
			***************************************		
Has the Director or Secretary of the company ever received a conviction?  YES / NO If Yes, please give details*					
Company Name   Trade of Business	Date	Court	Offence	l	Penalty
If required please continue on a separate sheet*		•	·		
Business Premises					
Name of Private Hire Company:YO	2KCARS				
Name which will be displayed on vehicle door signage: YERKCARS					
Business/Operating Address:	1, HERITH	acte par	L, OUTGO	MG	LANE
YORK		*****************	. Postcode:	Y010	SUP
Telephone no: (This is the telephone no. at the operating address	Email	address:			
Have you obtained planning permission	to operate Priv	ate Hire Vehic	cles from this a	address	? (YES) <del>NO-</del>
If Yes, please state the planning applica	·				

If No, you cannot continue until you have this in place or a letter confirming that permission is not required.

Does any person connected with this application hold either of these licences?					
Hackney Carriage	ÆS /NO	Private Hire	YES / NO-		
If yes, please give brief					
				WATE HIRE	
				10 2025	
				PINATE HIRE	
Date of Issue:	11.2022	Da	te of Expiry:	9.11.2025	
Issuing Authority:		Ту			
Date of Issue:		Da			
				ted or received a formal caution ion of Offenders Act 1974.	
Have you or any person mentioned in this application ever been convicted in any court for any offence or offences including driving offences and fixed penalty offences or received a formal caution? <b>YES</b> (NO)					
If YES, please declare	below all conviction	ons and caution	s (continue on sepa	rate sheet if necessary)	
Person	Date	Court	Offence	Penalty	
If required please continue on a separate sheet*  You may wish to explain any mitigating circumstances which gave rise to the conviction. You are invited to do so in the space below.					
			,		
Please state number of (Please indicate number of v	-		. •	,	
1 to 10 vehicles		] (Please speci	ify exact number be	tween 1 and 10)	
11 to 50 vehicles		]		·	
51 to 90 vehicles		] .			
91+ vehicles	V	]			

## **DECLARATION**

In connection with the Council granting me a Private Hire Vehicle Operator's Licence, I undertake that:-

- a) I will comply with all other conditions, regulations and byelaws, copies of which I have received and read.
- b) I have read and understand the implications of the warning regarding the making of a false declaration in relation to this application and confirm that to the best of my knowledge the particulars I have provided with this application are correct.

Signed:			Date:	*******	*******
Name: MOTAMMED I	GBAL		•••		
Contact Name (where not previous application:	sly given) and	address for	correspondence	associated	with this
Telephone no:	Emai	l address:			
*Any additional provided must be attac	ched to this appl	lication and si	gned and dated by	y the applica	nt.
Please return the completed form to:	Taxi Licensing City of York Co Eco Depot Hazel Court York YO10 3DS	ounci <b>l</b>			
Our email address is licensing@york.	gov.uk Our	telephone nur	mber is (01904) 5	52422	

The licence fee must be paid when you return the application form.

This authority requires the requested information in order to process your application for a licence. It has a duty to protect and safeguard the public and therefore may share the information you have provided on this form with other service areas within the Council, Government Departments, law enforcement agencies and partners for these purposes. We take your privacy seriously. For details of the information we collect and how we use it, please see the Public Protection Privacy Policy on our website www.york.gov.uk.

This authority is under a duty to protect the public funds it administers. We may share information internally and externally with other organisations responsible for auditing or administering public funds, or where undertaking a public function, in order to prevent and detect fraud. We may also disclose information to a Specified Anti-Fraud Organisation for the purpose of preventing fraud under Section 68 of the Serious Crime Act 2007.

## OFFICE USE ONLY

DATE	RECE	IVED IN	I OFFI	ICE:
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PRIVATE HIRE OPERATOR'S LICENCE NO.

FOR HOW MANY VEHICLES:

PERIOD OF LICENCE:-

FROM:

TO:

DATE ISSUED:

SIGNED:

RECEIPT NO.

FEE PAID:

DATE PAID: