

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.

Full Details of Augus	
Full Details of Applica	
-	Other Name: Christopher Hall
Address:	
	Postcode:
Telephone no:	Mobile no:
Email address: .	
Date of birth: .	Place of birth: .
National Insurance No:	240
If the applicant propostate the name and ad	ses to operate the vehicle(s) in partnership with any other persons, please dress of each partner.*
Title: Mr/Mrs/Miss/Ms/C	Other Name:
Address:	
	Postcode:
Telephone no:	Mobile no:
	Place of birth:
	Do you have the legal right to work in this country? VES/NO
Has any applicant had Operator/Driver or Hacki YES / NO	an application to any Local Authority for the grant or renewal of a Private Hire ney Carriage Driver Licence refused, or had a licence revoked or suspended?
If yes please give details	
Name of Local Authority:	
	Type of Licence:

Registered Comp	any Details							
Is the application b	Is the application being made in respect of a registered company?							
If Yes please give deta	Has any director or secretary previously applied for any operator licence? YES / NO If Yes please give details							
Hull City (LN/2021)	ouncil (Heens 00723) Walv	erhampl	ity of Don	Caster C	324)			
	ny Name: 57 To							
Please provide the	company's number, iss	sued by Comp	anies House: .C.	56344	25			
Registered Compa	ny Address:	2 Prince	s Avenue	Hull				
			Pos	tcode: HU5	3QA			
Telephone no: 🔾	482575757	Email a	ddress: Christ	@drivelaxis	CO.UK			
Director's name an	d address:	,			*****			
	***************************************	•••••	Post	code:				
Secretary's name	and address. Daw	n Pennoc	k,					
		*************	Pos	code .	· .			
Has there been an	y revocation or suspe	nsion of any	operator licence p	reviously held?	YES (NO)			
it tes, please give deta	ails		Has there been any revocation or suspension of any operator licence previously held? YES NO If Yes, please give details					

Has the Director or	Secretary of the compa	any ever rece	ived a conviction?	YES /(NO).			
Has the Director or of the street of the str	Secretary of the compa ails* Trade of Business	any ever rece	ived a conviction?	YES /(I	NO -			
If Yes, please give deta	ails*	i _			Penalty			
If Yes, please give deta	ails*	i _			Penalty			
If Yes, please give deta	ails*	i _			Penalty			
If Yes, please give deta	Trade of Business Trade of Business nue on a separate sheet*	i _			Penalty			
Company Name If required please conti	Trade of Business nue on a separate sheet*	Date	Court	Offence				
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Company Name If required please continuation Business Premise Name of Private Hi Name which will be	Trade of Business nue on a separate sheet* re Company:	Date	S7 Taxis L	Offence				
Company Name If required please continuate Premise Name of Private Hi Name which will be Business/Operating	nue on a separate sheet* es re Company:	Date (C) (C) (c) (c) (c) (c) (c) (c)	ST Taxis L Drive	td tla)				
Company Name Company Name If required please continuate Private His Name of Private His Name which will be Business/Operating Telephone no: C.).	nue on a separate sheet* es re Company: Drive displayed on vehicle de Address: 39	Date (Coor signage:	S7 Taxis L Drive pe, Hello ddress: YOCK	td tla) th, Yak tcode: 1031	707			
Company Name If required please continuate Premise Name of Private Hi Name which will be Business/Operating Telephone no: Ch. (This is the telephone no)	Trade of Business Trade of Business nue on a separate sheet* es re Company: Dry e displayed on vehicle de Address: 39 Le	Date Consignage: Consignage:	Drive Pos ddress: YOCK mobile telephone no.	td tla) th Vak tcode: YO31	7UZ XIS.CO.UK			
Company Name If required please continuate Premise Name of Private Hi Name which will be Business/Operating Telephone no: Ch. (This is the telephone in Have you obtained)	Trade of Business Trade of Business nue on a separate sheet* es re Company: Driver displayed on vehicle degree Address: 39 Legendress 9.04659659	Date Consignage: Consignage:	Drive Pos ddress: York mobile telephone no.	td tla) th Vak tcode: 1031 Colrive ta	TUZ XIS.CO.UK			

Does any person conne	ected with this ap	plication hold e	ther of these licence	es?		
Hackney Carriage	ES / NO	Private Hire	YES I NO			
If yes, please give brief	details:					
Issuing Authority: Mc	lverhampto	<u></u> Тур	e of Licence: Pri	rate Hire.		
Date of Issue: 1110	5/22	Dat	e of Expiry:	105/25		
Issuing Authority:						
	Date of Issue:					
Have you or any perso	er or not it is spen on mentioned in the	t within the term	ns of the Rehabilitati	ted or received a formal caution on of Offenders Act 1974. I in any court for any offence or formal caution? (YES)/ NO		
				rate sheet if necessary)		
Person	Date	Court	Offence	Penalty		
C Hall	20/6/20	9970	SPSO	3 Points.		
You may wish to explai do so in the space below	n any mitigating o	ircumstances v	which gave rise to th	e conviction. You are invited to		
Please state number of (Please indicate number of ve						
1 to 10 vehicles		(Please speci	fy exact number bet	ween 1 and 10)		
11 to 50 vehicles						
51 to 90 vehicles						
91+ vehicles						

If you have or hold a licence with another authority Please provide your HMRC digital tax check code:		
14/		

We are unable to process your application for a licence if you do not provide a tax check code. The Finance Act 2021, Schedule 33 (Licensing Authorities: Tax Information) Regulations 2022.

Confirming you understand your tax responsibilities:- If you have not held a licence with any other authority you are required to read HMRC guidance on what you need to do to be properly registered for tax in the future.

https://www.gov.uk/guidance/complete-a-tax-check-for-a-taxi-private-hire-or-scrap-metal-licence

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.
- c) I have read and understand the City of York Council's Taxi Licensing Privacy Notice.
- d) I have read HMRC guidance on what I need to do to be properly registered for tax in the future.

Signed: Date: 7th December 22.
Name: Christopher Hall
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. For details of the information we collect and how we use it, please see the Taxi Licensing Privacy Policy on our website https://www.york.gov.uk/privacy/TaxiAndPrivateHireLicensing
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.
Contact Name (where not previously given) and address for correspondence associated with this application:
Postcode:
Telephone no: Email address:
*Any additional provided must be attached to this application and signed and dated by the applicant.
Please return the completed form to:
Our address is: Taxi Licensing, City of York Council, Eco Depot, Hazel Court, York, YO10 3DS
Our email address is licensing@york.gov.uk Our telephone number is (01904) 552422
The licence fee must be paid when you return the application form.

OFFICE USE ONLY

DATE RECEIVED IN OFFICE:

PRIVATE HIRE OPERATOR'S LICENCE NO.					
FOR HOW MANY VEHICLES:					
Tax checked ST DBS checked		Date	RTW checked		Date
PERIOD OF LICEN	DE:-	FROM:		TO:	
DATE ISSUED:		SIGNED:			
RECEIPT NO.		FEE PAID:		DATE	PAID: