

**APPLICATION FOR A PRIVATE HIRE VEHICLE LICENCE
FOR THE COUNTY OF MONMOUTHSHIRE**

POST TO THE LICENSING SECTION, MONMOUTHSHIRE
COUNTY COUNCIL, ABERGAVENNY COMMUNITY EDUCATION
CENTRE, OLD HEREFORD ROAD, ABERGAVENNY, NP7 6EL



Local Government (Miscellaneous Provisions) Act 1976 Part II

ALL APPLICANTS ARE REQUIRED TO PRODUCE WITH THIS FORM:-

- A valid Certificate or Policy of Insurance (original document only)
- The Vehicle Registration Document (Log Book) must be produced with this application form.
- The Certificate as to Fitness of Vehicle
- The licence fee
- Intermediate test certificate from a Liquid Petroleum Gas Association (LGPA) approved UK vehicle conversion company, in the case of vehicles converted to run on LPG

Surname of Applicant (BLOCK CAPITALS)(Mr/Mrs/Miss) _____

Forename(s) _____

Current Address: _____

_____ Tel No: _____

Name of Owner (if different from above) or other part owner _____

_____ Email: _____

PARTICULARS OF VEHICLE: Plate Number PV _____

Make: _____ **Model:** _____

Registration No: _____ **Date of 1st Registration:** _____

Engine Capacity: _____ **Colour:** _____

Seating Capacity (excluding driver): _____ **Number of Doors:** _____

Name of Company: _____

Is this vehicle Wheelchair Accessible? YES / NO (please delete)

PLEASE NOTE: The Council's Licensing Committee is, with specific exceptions, a public forum. Not all applications require consideration by the Committee. Where our processes, as defined by relevant legislation, policies and guidance, require your application for a licence/permit/consent to be considered by the Licensing Committee, the identifying details you provide in your application may appear on documents which are considered by the Committee and are therefore available to the public. The personal information you provide will be used only for purposes related to the assessment of your application and future management of any licence/permit/consent granted. If you believe there is a legitimate reason for non-publication of your personal data, please provide those reasons with your application so that they can be considered in advance of preparation of Committee papers

I/WE DECLARE THAT TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF, THE ANSWERS GIVEN ARE TRUE. IF A LICENCE IS GRANTED I/WE UNDERTAKE TO COMPLY WITH THE CONDITIONS ATTACHED TO THE GRANT OF THE LICENCE. I/WE CONFIRM THAT I/WE HAVE READ AND UNDERSAND THE CONDITIONS ATTACHED TO THE GRANTING OF THIS LICENCE.

DATE ___/___/___ Signature of Applicant _____

DATE ___/___/___ Signature of Applicant _____

APPLICANTS ARE ADVISED THAT TO MAKE, KNOWINGLY OR RECKLESSLY, A FALSE STATEMENT OR OMIT ANY INFORMATION FROM THIS APPLICATION IS A CRIMINAL OFFENCE.

PLEASE NOTE: Monmouthshire County Council is under a duty to protect public funds it administers and to this end may use the information you have provided on this form within Monmouthshire County Council for the prevention and declaration of fraud. It may also share this information with other bodies administering or in receipt of public funds solely for these purposes.