

Licensing Section

Town Police Clauses Act 1847

Local Government (Miscellaneous Provisions) Act 1976

Grant orRenewal						
For office use only						
Date						
Fee						
Receipt number						
Operator number						
Valid from						
Expires on						

Application For Grant or Renew of Private-Hire Operator Licence

This form is apply for and private hire Operators Licence. On grant or renewal of the licence you may take or continue to take booking from the public. By signing this application you are agreeing to keep to all the conditions, laws and bylaws of the licence. You also accept that if you (or your partners or employees) break or fail to keep to any of the relevant conditions, laws or bylaws, your licence may be withdrawn, suspended or not renewed.

Data Protection Act 1998

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

For further information, www.rotherham.gov.uk/NFI or contact The Data Protection Officer, Riverside House Main Street Rotherham S60 1AE. Tel. 823566.

Please a	answer all the questions	on this for	II III DL	LOCK CA	PIIAL	.S and	ın ınk.	
Your personal det	tails (Applicant)							
Your Title (Mr, Mrs, Miss and so on)			Date of Birth: / /					1
Surname		First names						
National insurance nun	nber	1	Plac	ce of Birth				
Address You								
Live At:				Post	code			
E-mail address			phone number					
		Mobile phone i	number					
	PLY for an Operator's Licovisions) Act 1976 to op							neous
Your Business Name:	(this must not be similar to any other							
Licence Number	PO Is this	a New Gra	ant [Is	sthis	a Ren	ewal	
Business Number(s):								
Business Email(s):								
1st Business Address:								
(If this is you home								
enter that address)				Post	code			

2 nd Business Address:					
(If you have another					
Office enter this here)	Post code				
Will you provide access to the F	Public for waiting in the Office: Yes No				
Which Office Will provide acces	ss to the Public: 1st address 2nd Address How Many People may Wait				
How many vehicles will your co	mpany operate: 1 to 3 4 to 20 21 to 40 Over 40				
Do you have Planning Permissi	on: Yes No Or Exemption From Planning requirements Yes No				
	planning permission in connection with the hackney Yes No lese or any other premises within the Rotherham area?				
Have you any other partner or E	Business Partners that you want named on this licence Yes No				
What is their Full Name					
Date of Birth	Place of Birth				
Address You					
Live At:	Post code				
E-mail address	Phone number				
Other Information Requi	red:				
Your Present Occupation, Trade	e or Business:				
Are you, or were you, a director	or secretary of the company? Yes No				
Are there any convictions record	ded against you as a director or secretary of the company? Yes No				
Are there any convictions recorded against the company? Yes No					
If answers to any of the above	e are "yes", <u>All</u> convictions must be disclosed on a "Declaration of Convictions" form				
Have you previously held an C Council or any other Council?	Operator's Licence either with this Yes No				
If yes, give full details					
Has an Operator's Licence gran or revoked?	nted to you ever been suspended Yes No				
lf yes, give full details incl reasons for suspension or revo	0				
Have you ever been refused an	Operator's Licence? Yes No				
If yes, give full details including reasons for refusal					

Criminal records			artner on this licence th k for a separate sheet.	ney must also comp	lete the	Criminal Re	cord History
	tand it is an offour ou are not sure	ence for you to	fail to tell us about ar ease read the 'Driver				
			nake any false stateme eing refused or withdr				have asked
Are you wait against you?	· ·	t any prosecutior	ns or other actions of ar	ny type, pending	Yes [No	
If 'Yes' pleas	e give details in	this box.					
	If known, name of court hearing the case:			If known date	of court hearing:	1	1
cautions, wa	rnings or reprima	ands since your l	, motoring or criminal, o ast application? n give details in the bo	3.	ce Yes[No	
Convictions, Cautio In this box list all you traffic offences as we	ır unspent convid		Details. Itions, warnings and rep	orimands, Including	traffic off	ences and f	ixed penalty
Date of conviction, caution, etc.	Details of O	ffences/Convict	tions/Cautions/Warnin	gs/Reprimands	Se	entence Or	Penalty
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Declaration	ons						
 I/We hereby do Subject to all Operators. All I/We accept the which the Lice 	eclare that the st conditions as ma of which condition that if I/we infring nce is held, the s	ay be contained ons and Act(s) I/N e or neglect to c same shall be lia	on this form are true. the licence, and also to We hereby undertake to comply with any of the o ble to be revoked, susp n Borough Council n	observe and perform conditions or provise ended or not renew	rm. ions of th ed by the	ne said Act(e Council.	(s) subject to
			owingly or reckles tion could lead to				
			te and correct. I a cence refused or w				
			mation given by i e best of my know	-	_	of this a _l	pplication
My Signature				Date form signed by me	/		

EQUALITY DATA MONITORING FORM

Rotherham Metropolitan Borough Council are asking for this monitoring information so we can ensure we are offering services to all sectors of the community in an open and accessible manner. The information provided will be treated in the strictest confidence and will only be used to monitor take up of services and ensure that no particular individual or group of people are discriminated against in the provision of services or employment opportunities. The monitoring information could be passed to other services of the Council who need to use it for the same purpose. Please understand that any answers you give will not affect the service you are receiving from the council or be used to assess your application. Thank you for you assistance. Are you: Male Female What is your age group 25-29 18-19 30-34 35-39 40-44 45-49 50-54 55-59 60-64 65+ What is your date of birth Do you consider yourself to be disabled? Yes No Please give further details in the space below if you wish: Physical or mobility impairment Sensory impairment (hearing, vision or speech) Mental health service user Learning disabled Non-visible condition e.g. epilepsy What is your ethnic group? How would you describe yourself? I would describe my ethnic origin as White Asian or Asian British **British White** Indian Irish White Pakistani Other white background, please describe Bangladeshi Kashmiri Black or Black British Chinese, Yemeni or other ethnic group Caribbean Chinese African Yemeni Other black background, please describe Other ethnic group, please describe **Dual Heritage** White and Black Caribbean White and Black African White and Asian Other dual background, please describe

Thank you for completing this form. The information you have provided will help us to improve our services to you

PH Operator - PH Operator Application Form

and others in Rotherham.