

**PLEASE ANSWER ALL  
QUESTIONS AND WRITE IN  
BLOCK CAPITALS**

## APPLICATION

Name of applicant (Owner of Vehicle)

Mr/Mrs/Miss/Other (state)

Surname

Forename

Date of Birth (DD/MM/YYYY)

Address of applicant

Post Code

Telephone

Name of Business

Are you the sole proprietor (Y/N)

If NO state full names and addresses of any other persons who are also proprietors of the vehicle or are concerned in the keeping, employing or letting of the vehicle.

Name of 2nd applicant (Owner of Vehicle)

Mr/Mrs/Miss/Other (state)

Surname

Forename

Date of Birth (DD/MM/YYYY)

Address of 2nd applicant

Post Code

Telephone

Name of 3rd applicant (Owner of Vehicle)

Mr/Mrs/Miss/Other (state)

Surname

Forename

Date of Birth (DD/MM/YYYY)

Address of 3rd applicant

Post Code

Telephone

## DETAILS OF THE VEHICLE

Make

Model

Engine Size (CC)

Colour

Registration Number

Date first registered

Fuel Type

## INSURANCE DETAILS

Insurance Company Name

Policy/Cover Note Number

Insurance End Date

Annual Premium

## Licence Type

Is the application for a grant, renewal or transfer of a licence?

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, see [www.iwight.com/nfi](http://www.iwight.com/nfi) to view the Level 2 notice.

**Application for the  
(Grant) (Renewal) (Transfer) of a  
Hackney Carriage Proprietor's  
Licence**

Please Read the Guidance Notes and Conditions for this licence before completing and submitting the application form.

The Grant or renewal of a licence is not automatic and each application will be considered on its individual merits having regard to the Isle of Wight Council Conditions and Convictions Policy.

This application may be monitored by the Isle of Wight Council for regulatory, quality control or crime detection purposes. Information from this application will be processed in accordance with the Data Protection Act 1998 for the purpose of processing your particular enquiry/request. The Isle of Wight Council ("the Council") is the data controller. By completing this form you consent to the Council contacting you by email or nominated contact method in relation to your enquiry/request.

The information contained in this application may, in exceptional circumstances, be subject to disclosure to third parties under either the Data Protection Act 1998 or the Freedom of Information Act 2000 to the extent the law allows and in accordance with the Isle of Wight Council's Access to Information Policy. Disclosure will only be made where in all the circumstances it would be fair to do so and in the public interest.

Please note that the Council may process your information in the absence of consent for the purpose of crime prevention or detection so far as is in accordance with the law.

**If you need to contact the  
Licensing Section**

**Address**

Isle of Wight Council  
Licensing Section  
Jubilee Stores  
The Quay  
Newport  
Isle of Wight  
PO30 2EH

**Telephone and Fax numbers**

Tel: (01983) 823000  
(01983) 823159  
Fax: (01983) 823158

**Website and e-mail address**

Website: [www.iwight.com](http://www.iwight.com)  
E-mail: [licensing@iow.gov.uk](mailto:licensing@iow.gov.uk)

**Opening Times**

8.30am-5.00pm Monday to Thursday  
8.30am-4.30pm Friday  
Closed Saturday and Sunday

**Trade Associations**

Are you a member of a hackney carriage or private hire trade association

No

If YES. Do you consent to the Trade Association communicating with Isle of Wight Council on your behalf (Y/N)

Name of trade association

**DECLARATION**

I wish to apply for a Hackney Carriage/Private Hire Driver's Licence. I declare that I have checked the information given on this application form and to the best of my knowledge and belief it is correct. I understand that a false or misleading statement, or that withholding relevant information, may result in the refusal or revocation of the licence and/or may render me liable to prosecution.

Signature

Name

Roger Coombes

Date

19th January 2016

If you would prefer us to communicate with you by email please insert your email address below