



OPERATORS APPLICATION FORM

LICENCE NUMBER

EXPIRY DATE

COMPANY NAME

NO MORE THAN
TWENTY LETTERS

NUMBER OF VEHICLES

FIRST OR ONLY PROPRIETOR / DIRECTOR

SURNAME
TITLE: MR/MRS/MISS/MS

FIRST NAMES

DATE OF BIRTH

PLACE OF BIRTH
TOWN & COUNTRY

HOME ADDRESS
INCLUDING POSTCODE

TELEPHONE No.

Mobile No.

SECOND PROPRIETOR / DIRECTOR

SURNAME
TITLE: MR/MRS/MISS/MS

FIRST NAMES

DATE OF BIRTH

PLACE OF BIRTH
TOWN & COUNTRY

HOME ADDRESS
INCLUDING POSTCODE

TELEPHONE No.

Mobile No.

LIST EVERY ADDRESS AT WHICH YOU ARE, OR INTEND TO, CARRY ON AS AN OPERATOR

PREMISES
INCLUDING POSTCODE

TELEPHONE NOS.

**OTHER PREMISES
INCLUDING POSTCODE**

TELEPHONE NOS.

DO ALL THE PREMISES LISTED ABOVE HAVE PLANNING PERMISSION FOR THE OPERATION OF VEHICLES? (ONLY APPLIES FOR OPERATORS WITH MORE THAN TWO VEHICLES)

WHICH OF THE PREMISES LISTED HAS A WAITING ROOM FOR MEMBERS OF THE PUBLIC? (ONLY APPLIES FOR OPERATORS WITH MORE THAN TWO VEHICLES)

IF THE APPLICANT IS A LIMITED COMPANY, STATE THE REGISTRATION NUMBER AND THE REGISTERED OFFICE.

WHAT TRADE, BUSINESS OR PROFESSION HAS EACH PERSON LISTED ABOVE CARRIED ON IN THE PAST 5 YEARS? IN THE CASE OF A LIMITED COMPANY, WHAT TRADE, BUSINESS OR PROFESSION HAS THAT COMPANY CARRIED IN THE PAST 5 YEARS?

LIST ALL OFFENCES FOR WHICH EACH PROPRIETOR HAS BEEN CONVICTED BY A COURT (**INCLUDING TRAFFIC OFFENCES**) THAT ARE NOT SPENT UNDER THE REHABILITATION OF OFFENDERS ACT 1974.

NAME	DATE CONVICTED	COURT CODE	OFFENCE	SENTENCE/ORDER OF COURT

HAS ANY COUNCIL EVER REFUSED YOU A LICENCE OR SUSPENDED OR REVOKED YOUR LICENCE? IF YES, PLEASE SPECIFY

DATE & COUNCIL

REASON

IS ANY PERSON NAMED A BANKRUPT OR EVER BEEN DECLARED BANKRUPT? YES / NO

DATE

DETAILS

APPLICANTS ARE ADVISED THAT TO KNOWINGLY OR RECKLESSLY MAKE A FALSE STATEMENT OR OMIT ANY MATERIAL PARTICULAR FROM THIS APPLICATION OR ANY DOCUMENT SUPPLIED WITH IT IS AN OFFENCE PUNISHABLE ON CONVICTION BY A FINE OF UP TO £400.

I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE ANSWERS GIVEN ABOVE ARE TRUE.

SIGNATURES OF APPLICANTS

1st

2nd

DATE

THIS FORM WILL NOT BE ACCEPTED UNLESS ALL SECTIONS ARE FULLY COMPLETED

Official Use Only

Rec. by		Date	
Table of fares:			CRB needed?
Notes:			