

Selby District Council

Please read carefully before completing

Requisition for Information under Section 57 of the Local Government (Miscellaneous Provisions) Act, 1976

APPLICATION FOR THE GRANT OF A LICENCE TO DRIVE A PRIVATE HIRE **SECTION A** Address: Mr Mrs Miss Ms Surname: Forenames: Post Code: Date of birth: Tel. No: Nat. Ins. No. Mobile: (applicant must have held a full licence for at least 12 months) Name and address of Private Hire Operator by whom you would be employed: Will you be employed full-time or part-time as a hackney carriage driver? *FULL-TIME / PART-TIME Do you have any other employment? *YES / NO (If YES, state what and how many hours per week you do work): Nature of Employment No of hours Have you previously held any *Hackney Carriage/Private Hire Licenses? *YES / NO If YES state type:-A) Issuing authority B) Date of issue **SECTION B** Have you been convicted of any offence within the last 12 months (this includes any court appearance or formal police caution) * YES / NO If YES, please give details: Offence: Place and date of conviction/caution: Are you aware of any enquiries or investigations of any kind or description being made at the present time by any of the following involving yourself? The Police *YES/NO Any Local or Public Authority *YES / NO If **YES**, state by whom and the nature of the enquiries: PLEASE ENCLOSE THE FOLLOWING: ONE RECENT DIGITAL PHOTO VIA EMAIL TO licensing@selby.gov.uk **MEDICAL EXAMINATION REPORT FFF** CRB DISCLOSURE APPLICATION FORM **DRIVING LICENCE MANDATE.** Any applicant over the age of 45 years will be required to undergo a medical examination every 5 years. Any applicant over 65 will be subject to an annual examination.

ALL DOCUMENTATION AND FEE MUST BE SUBMITTED WITH THIS APPLICATION

^{*} Delete as appropriate

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DECLARA	ATION							
undertake	to comply wi		attached on	the grant of	the licence. Sh	ould I engage in	licence is granted other employment, iving for hire.	
I enclose to requested.	he sum of £		being paya	able in respe	ect of this applica	ation, and any oth	ner documentation	
Signed:				Date:				
APPLICANTS ARE ADVISED THAT TO MAKE, KNOWINGLY OR RECKLESSLY, A FALSE STATEMENT OR OMIT ANY INFORMATION FROM THIS APPLICATION IS A CRIMINAL OFFENCE.								
SECTION	С		REFE	REE				
or other re The follow • A Dis	sponsible pe ing are not e trict Councille	rson but not a nea ligible to give a ref	r relative, w erence: selby Distric	vho has knov ct Council ,th	vn the applicant	personally for the e Council are the	nior Public Official, e past three years. Licensing Authority	
	Referee who ven reference:	will be contacted						
Occupatio	n:							
Address o	f Referee							
How we collect and use information We will use the information you provide in connection with any lawful activity of the Council. We have a duty to protect public funds that we administer, so we may also use information held about you for the prevention and detection of fraud. We may check information you have provided, or information about you that someone else has provided, with other information held by us. We may also get information about you from certain third parties, or give them information to: Make sure the information is accurate; Prevent or detect crime; and Protect public funds								
		de Government Dep the Audit Commissi					ormation for data e agencies as the law	
to. We, S	elby District C		controller for	the purposes	of the Data Prote	ction Act. If you wa	ess the law allows us nt to know more abou	
sections PLEASE	s, as soon as	· HE COMPLETED I	ORM TO:	-			·	
	5 Support, Se 57 292229	elby District Counci	I, Civic Cer	ntre, Doncasi	er Road, Selby,	YO8 9FT. Telepr	none: 01757 70510′	1
FOR O	FFICIAL US	E ONLY						
Receip	t No:			Amount: £ _		Date Paid:		
Refere	Feree Letter Sent: Received:							