







OFFICE USE ONLY				
Amount paid				
Receipt number				
Date				

APPLICATION FOR A HACKNEY CARRIAGE / PRIVATE HIRE / DUAL DRIVER LICENCE

PLEASE READ THE QUESTIONS CAREFULLY BEFORE COMPLETING THE FORM. PLEASE USE BLOCK CAPITALS

Local Authorities must protect funds they handle and so the information you have provided on this form may be used to detect and prevent fraud. The information may also be shared for the same purposes, with other organisations which handle public funds including the Audit Commission to be used as part of the National Fraud Initiative. Your personal data will also be shared with the local authorities, which make up the Licensing Partnership, for the purpose of processing your licensing application. Your personal data will not be used for any other purpose without your prior consent, except as permitted under the Data Protection Act 1988.

Maidstone Borough Council	Sevenoaks District Council	Tunbridge Wells Borough Council	
Please state which type of I	icence you are applying for (note	that only one application per vehicle ma	ay k
made per form)			
made per form) Hackney Carriage	Private Hire	Dual	
Hackney Carriage	Private Hire	Dual	
	Private Hire	Dual	
Hackney Carriage	Private Hire	Dual	

PART 1	GENERAL (Sole or Principal Applicant to complete in all cases)				
Surname			Forename (s)		
Any previous or o name	ther				
Current home add	dress:				
Post code:					
All previous address.	esses and	l dates of occupancy must be p	rovided if you have lived unde	r 5 years at your current	
Home telephone	number:		Email address:		

Mobile telephone number: Fax number:					
PART 2	DRIVER DETAILS (Applicant to complete this part if he/she wishes to drive a vehicle licensed by one of the authorities of the Licensing Partnership)				
National	Date of birth				
Insurance number					
Type of Driving Li	cence hel	ld			
Full	ι	JK 🗌 Oth	ner 🗌		
This licence has b	een held	continuously since (enter d	ate):		
If 'other' what typ	e of licen	ce?			
UK driving licence	number	:	Date of issue:	: <u></u>	
Expiry date of lice	ence:				
Have you ever be Yes	en convic	ted during the past three ye	ears of any motorin	g offence?	
Are you disqualif	ied by an	Court from holding or obtai	ning a driving licen	ce?	
				efused; it will depend upon the nature of the offences.	
Have you ever he	eld a Hack	kney Carriage or Private Hire No ☐			
If "yes" which Au	thority wa	as it with?			
Badge number:_					
	which of t Revoked	he following is applicable: Suspended Exp	oired Surre	endered [
In any instance o	f a licenc	e being held which type			
Hackney Carriage		Private Hire Du	al 🗌		
Name of compar (if you will not be 'independent')		l be driving for: or a company please state			
	I				
PART 3	PREVIO	OUS CONVICTIONS (If any)		
		-	, -,	ny offence (including pending Court	
		er driving or other offen		and the black to the Beleeville	
If there are none state 'NONE'. Please note that taxi drivers are not subject to the Rehabilitation					
of Offenders Act 1974 and you should give details of all convictions, including spent convictions and cautions as well as any pending matters.					
If you would like to discuss what effect a conviction might have on your application you may					
telephone the Licensing Officer, in confidence, for advice on:					
Maidstone - 01622 602255					
Sevenoaks - 01732 227004					
Tunbridge We	iis - 018	892 554034			
Date of	ution	Offence	Court	Sentence or Order	
conviction/cat	conviction/caution				

			Appendix I
PART 4	GENER	AL DECLARATION	
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IMPORTANT I declare that all the answers given above are true. I understand that it is an offence under Section 57(3) of the Local Government (Miscellaneous Provisions) Act 1976 for any person to knowingly or recklessly make a false statement or omit any material particular in giving the required information.

Applicants signature:		Date:			
Please enclose, application	/produce the following documents wit	th your		OFFICE USE ONLY	
• •	ence (if you have a photo card lice parts)	nce yo	u must		
Disclosure and Barring Service (DBS) completed check form			form		
Licence fee					
Items/docum	ents to be considered as part of the	e appli	ication		
Medical Certif	icate				
DVLA Mandate	e form				
DBS Update so number	ervice – Please provide your DBS R	Registra	ation ID	ID no:	
_	dards Agency test (DSA test) or *Tr new applicants only (please * del	•		□ Date passed:	
Topography /	Knowledge test – new applicants o	only		□ Date passed: Routes score: Streets score:	
For Tunbridge	Wells applicants – new applicants	only		Seminar arranged on: Seminar attended yes □ no□	

Please telephone 01732 227004 for the up to date fee for the relevant Licensing Authority or go to the website for the relevant Licensing Authority.

Please return the completed form and fee at least ten working days before the renewal date, to:

The Licensing Partnership, P.O. Box 182, Sevenoaks, Kent, TN13 1GP

(cheques must be made payable to 'Sevenoaks District Council')

You may have copies taken of your documentation at:

Maidstone Gateway between the hours of 10:00 – 13:00 hours Monday to Thursday.

Tunbridge Wells Gateway between the hours of 08:30 – 12:30 hours Monday to Friday. Sevenoaks reception, Argyle Road between the hours of 08:45 – 17:00 hours Monday to Thursday and 08:45 – 16:45 hours on Friday.

Note

New applicants: All new applicants will need to arrange an interview with the relevant Licensing Officer for the authority in which they wish to drive. Please see the telephone numbers above. Renewals: If, for whatever reason, there is a delay in submitting your application form in good time we may not be able to process your application in time for its renewal. We would recommend that you submit the application at the earliest opportunity

EQUAL OPPORTUNITIES MONITORING

We are asking you to complete this section as part of our equal opportunities monitoring. We wish to ensure we are treating all sections of the population equally, to which of these groups do you consider you belong to (PLEASE TICK ONE BOX)

WHITE		BLACK OR BLACK BRITISH		
British		Caribbean		
Irish		African		
Any other white background		Any other black background		
(PLEASE WRITE IN)		(PLEASE WRITE IN)		
MIXED		ASIAN OR ASIAN BRITISH		
White & Black Caribbean		Indian		
White & Black African		Pakistani		
White & Asian		Bangladeshi		
Any other mixed background		Any other Asian background		
(PLEASE WRITE IN)		(PLEASE WRITE IN)		
Chinese		Other ethnic group		
		(PLEASE WRITE IN)		
Unwilling to respond		GRANTED/REFUSED		
Do you consider yourself disabled YES	NO □			