

Application for a Hackney Carriage or Private Hire Vehicle Licence



Elections and Regulatory Services
Taxi and Private Hire Licensing
225 York Road
Leeds LS9 7RY
Tel: 0113 3781570
taxiprivatehire.licensing@leeds.gov.uk

1st Applicant

Hire Company
Your Name.....
Address
..... Post Code
Email address
.....
Tel. No..... D.O.B

Vehicle Registration No:
Date of first registration:
Plate number.....

2nd Applicant (If applicable)

Your Name.....
Address
..... Post Code
Email address
.....
Tel. No..... D.O.B

I/We being the owner(s) of a mechanically propelled vehicle constructed to carry persons, do hereby apply for such vehicle to be licensed as a Hackney Carriage or Private Hire Vehicle (delete).
Applicant 1:
Date:
Applicant 2:
Date:

Name of Operator/Association

.....

To apply for a new vehicle licence complete this form and email it to taxiprivatehire.licensing@leeds.gov.uk **together with** copies of the following documents:

1. New registration document (V5) in the name of applicant **or** the new keepers slip and a bill of sale
2. Current MoT certificate (if required)

A Licensing Officer will contact the applicant by telephone or email to take payment. A further email will be sent giving an appointment time for the inspection of the vehicle.

You must have relevant insurance for your vehicle valid for the date of the inspection.
You must email us a copy of that insurance at least 72 hours prior to the inspection date for processing.
Once the vehicle has passed the vehicle inspection the licence will be issued.

PRIVACY NOTICE

The Council's corporate privacy notice, which includes details of the authority's Data Protection Officer and your Information Rights is available at: <https://www.leeds.gov.uk/privacy-statement/privacy-notice>

FOR OFFICIAL USE ONLY

PLATE NO

VEHICLE DETAILS

Registration Mark **Date 1st Registered**.....

Make **Model**

Engine Capacitycc **Fuel Type.** Diesel /Petrol/ LPG / Full Electric/ Petrol Hybrid/ Diesel Hybrid

Type of Body Hatch/ Saloon/ Estate/ MPV/ Bus **No Seats** **Colour**

Approved vehicle Yes / No **Number of Wheelchairs if Applicable**

INSURANCE DETAILS

INSURED BY

Cert of Ins. / Cover Note No.....

INSURED FROM/...../..... **TO**/...../.....

COVER FOR PUBLIC / PRIVATE HIRE **Checked by** **Date**

M.O.T DETAILS

Certificate No **Issue Date**/...../.....

Expiry Date/...../..... **Mileage**

PRIVATE HIRE OPERATOR

PUBLIC HIRE ASSOCIATION

FEE PAID £..... Chip & Pin/ Online Payment

Receipt No **Date**...../...../.....

LICENCE

Date of Issue/...../..... **Date of Expiry**...../...../.....**Issued By**

Stickers ordered (double check spreadsheet)

Officers initials

Inspection booked (double check appointment letter)

Officers initials