

TOWN POLICE CLAUSES ACT 1847

APPLICATION TO TRANSFER OWNERSHIP OF A HACKNEY CARRIAGE TO ANOTHER OWNER

SECTION 1. Vehicle Details	
Vehicle Registration:	
Plate Number:	
Licence Expiry Date:	
SECTION 2. Details of New Owner(s) (buyer) (Please enter your designated contact for correspondence first. Where there are more than two owners then please use a continuation sheet and which should be signed by the person named)	
Full Name:	
House name or number:	
First Line of Address:	
Town/City:	
Post Code :	
Telephone Number :	
E-mail Address:	
Full Name:	
House name or number:	
First Line of Address:	
Town/City:	
Post Code :	
Telephone Number :	
E-mail Address:	
SECTION 3. Insurance (Please note that you will need to provide a copy of your insurance certificate with your application)	
Please note that you must produce a valid insurance certificate, which covers the vehicle and driver(s) for public hire use, when you submit this application	
SECTION 4. Equal Opportunities	
All applicants will be treated equally, regardless of ethnic or national origin, gender, religion, age and sexual orientation.	

SECTION 5. Declaration

I/We declare that to the best of my knowledge and belief, the answers given in this application to transfer a hackney carriage licence to another owner are true and that the documents submitted in support of it are genuine and have not been altered.

I/We understand that if I/we have provided any information in this application or the supporting documents that I/we know to be false or do not believe to be true that I/we shall be liable for prosecution and/or any licences issued to me/us may be suspended or revoked.

I/We consent to the information provided in this application and the supporting documents being used by Sunderland City Council for the purposes of undertaking its statutory licensing functions in relation to the owners of hackney carriages and understand that it may disclose any information to any third party, as may be required by law.

I/We understand the Council is under a duty to protect the public funds it administers, and to this end I/we authorise the Council to use the information I/we have provided on this form for the prevention and detection of fraud. I/we also authorise the sharing this information with other bodies responsible for auditing or administering public funds for these purposes.

If a licence is granted, I/we undertake to comply with the conditions attached to the grant of the licence.

If a licence is granted, I/we shall disclose to the Council in writing details of any conviction imposed on me, (or, if the operator is a company, on any of its directors, or if the operator is a partnership, on any of its partners) during the period of the licence, within forty eight hours of the date of conviction.

Signed:	Date:
Signed:	Date:

Capacity (please Tick):

Applicant(s)

Partner(s) in business

Company Secretary

Company Director

Other

If 'Other' please give details:

SECTION 6. Current Owner(s) Details (seller) (Please enter your designated contact for correspondence first. Where there are more than two owners then please use a continuation sheet)

Full Name:

House name or number:

First Line of Address:

Town/City:

Post Code :

I hereby consent to the transfer of ownership of this hackney carriage to the parties outlined in Section 2 of this form.

Signature:

Date:

Full Name:

House name or number:

First Line of Address:

Town/City:

Post Code :

I hereby consent to the transfer of ownership of this hackney carriage to the parties outlined in Section 2 of this form.

Signature:

Date: