

# HACKNEY CARRIAGE AND PRIVATE HIRE TAXI POLICY

## APPLICATION TO APPEAL AGAINST

### ENDORSEMENT OF PENALTY POINTS

North Lincolnshire Council is under a duty to protect the public funds it administers and to prevent and detect crime, and to this end may use the information you have provided on this form within this authority for the prevention and detection of fraud or crime. It may also share this information with other bodies administering public funds solely for these purposes. Applications will be determined in accordance with our Hackney Carriage and Private Hire Licensing Policy.

#### 1. Licence Holder Details (BLOCK CAPITALS)

Title:	<input type="text"/>	Sex:	<input type="text" value="Male/Female"/>
Surname:	<input type="text"/>		
Forenames:	<input type="text"/>		
Home Address:	<input type="text"/>		
	Postcode:	<input type="text"/>	
Tel No:	<input type="text"/>	Mobile No:	<input type="text"/>
Email Address:	<input type="text"/>		
Licence Number:	<input type="text"/>	Licence Type:	<input type="text" value="Driver / Vehicle / Operator"/>

#### 2. Representative Details (if any) (BLOCK CAPITALS)

Title	<input type="text"/>	Sex:	<input type="text" value="Male/Female"/>
Surname:	<input type="text"/>		
Forenames:	<input type="text"/>		
Contact Address:	<input type="text"/>		
	Postcode:	<input type="text"/>	
Tel No:	<input type="text"/>	Mobile No:	<input type="text"/>
Email Address:	<input type="text"/>		
Legal Capacity/ Relation:	<input type="text"/>		

### 3. Endorsement Details (BLOCK CAPITALS)

Please give the details of all endorsements to be appealed before the Licensing (Miscellaneous) Sub-Committee. Continue on a separate sheet if necessary.

Note that applications to appeal must be made within 21 days of the date of the Penalty Points notice.

Date of Offence	Penalty Code And Details	Reasons for Appeal (please tick)	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	Mistaken identity
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	Did not commit the offence or breach
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	Did not know it was an offence
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	Mistaken identity
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	Did not commit the offence or breach
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	Did not know it was an offence
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	Mistaken identity
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	Did not commit the offence or breach
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	Did not know it was an offence

### 4. Declaration

I declare that I have checked the information given on this application and to the best of my knowledge and belief it is correct.

The issue of penalty points forms a warning with an expiry date and a trigger for review of the licence. It is an administrative process only and does not constitute punitive action. On this basis, there are strict grounds for an appeal. Appeals which are deemed frivolous will be refused.

I understand and consent to the information provided being used for the prevention and detection of crime, the apprehension or prosecution of offenders and to prevent or detect fraud. The Council may also share this information for the same purposes with other organisations that handle public funds. My consent shall endure notwithstanding the expiration, suspension or refusal of a licence, for a period of 6 years following any of these events.

I understand the North Lincolnshire Council Taxi Licensing Penalty Points scheme and acknowledge that any endorsements appealed may be removed or upheld by an authorised officer or upon hearing by the Licensing (Miscellaneous) Sub-Committee.

I understand that any evidence to support my case must be served to the Licensing (Miscellaneous) Sub-Committee in advance of the hearing and that my failure to do so may result in evidence not being considered.

Applicant Signature:  Date:

Representative Signature:  Date:

### OFFICE USE ONLY

Date Application Received:

Date of Hearing:

Sub-Committee Decision: