**Darlington Borough Council** 

Town Hall, Feethams, Darlington, County Durham, DL1 5QT

**T:** 01325405888

E: licensing@darlington.gov.uk

Ref: DSFX1716380041921

## **New Private Hire Operator Application**

| Applicant Status   |                                      |  |
|--|--------------------------------------|--|
| Under what capacity are you applying for this licence? * | Limited Company (Usually Fleet Cars) |  |
| Individual Applicant Details                             |                                      |  |
| Title *  |                                      |  |
| First name *   |                                      |  |
| Surname *  |                                      |  |
| Street Address *   |                                      |  |
| Address line 2   |                                      |  |
| Address line 3   |                                      |  |
| Town/City *  |                                      |  |
| Postcode *   |                                      |  |
| Contact number *   |                                      |  |
| Email *  |                                      |  |
|  |                                      |  |
| Joint Applicant Details                                  |                                      |  |
| Title *  |                                      |  |
| First name *   |                                      |  |
| Surname *  |                                      |  |
| Street Address *   |                                      |  |

| Joint Applicant Details        |                             |
|--------------------------------|-----------------------------|
| Address line 2                 |                             |
| Address line 3                 |                             |
| Town/City *                    |                             |
| Postcode *                     |                             |
| Contact number *               |                             |
| Email *                        |                             |
|                                |                             |
| Limited Company Details        |                             |
| Full name of Company *         | Uber Britannia Limited      |
| Company Registration Number *  | 08823469                    |
| Address of Registered Office * | Aldgate Tower - First Floor |
| Address line 2                 | 2 Leman Street              |
| Address line 3                 |                             |
| Town/City *                    | London                      |
| Postcode *                     | E1 8FA                      |
| Responsible Contact Title *    | Mr                          |
| First Name *                   | Matthew                     |
| Surname *                      | Freckelton                  |
| Email *                        | matthew.freckelton@uber.com |
| Contact Telephone Number *     | 07917713263                 |

## **Tax Check Code**

| Tax Check Code   |  |
|--|--|
| Please note that as a new applicant you may need to provide a  | a tax check code as part of you application.                 |
| Are you applying for the same type of licence that you have previously held, which has ceased to be valid less than a year ago? *  | No   |
| Tax Check Code   |  |
| Are you applying for the same type of licence that you already hold with another licensing authority? *  | Yes  |
| Tax Check Code   |  |
| Enter your 9 character tax check code.   |  |
| Tax check code *   | 7BKPFAYFH  |
| Your tax check code is only valid if issued in the last 120 days. not be processed. If you need a new tax check code, please vilicensing authority, we will only receive confirmation from HMR access to information about your tax affairs. | isit the HMRC website to obtain one. Please note that as the |
| Correspondence Address   |  |
| Do you have an alternative correspondence address you would like us to use? *  | No   |
| Previous Application Made  |  |
| Have you previously applied for a Private Hire Operators<br>Licence for this or any other area? *  | Yes  |
| Previous Licence History   |  |
| As you have answered yes, please indicate whether previous application was granted or refused. *   | Granted  |
| Licensing Authority *  | Hull City Council  |
| Previous Application Decision Date *   | 12/02/2024   |
|  |  |

**Previous Licence Details** 

| Previous Licence Details       |                               |  |
|--------------------------------|-------------------------------|--|
| Licensing Authority *          | Hull City Council             |  |
| Licence Number *               | 98                            |  |
| Licence Period * From          | 12/02/2024                    |  |
| То                             | 31/10/2028                    |  |
| Operator Details               |                               |  |
| Trading Name of Business *     | Uber                          |  |
| Company Registration Number    | 08823469                      |  |
| Address of Operator's Office * | Lingfield Way                 |  |
| Address line 2                 | Yarm Road Business Park       |  |
| Address line 3                 |                               |  |
| Town/City *                    | Darlington Co Durham          |  |
| Postcode *                     | DL1 4QZ                       |  |
| Operator Telephone Number *    | 08081890665                   |  |
| Operator Email *               | darlington.licensing@uber.com |  |

## **Planning Permission**

Operator Website

Please give details of any Planning Permission obtained (including reference number and date granted) that permits you to operate the proposed business from the address you have provided. If Planning Permission is not necessary for you to operate from the premises or if you have yet to apply for Planning Permission, then please give full details below: \*

B1 Planning - Public shall not be granted access to the premesis for the purpose of making a booking.

www.uber.com

| Operation Details  |   |
|--|---|
| How many vehicles do you intend to operate from the premises? *  | 25  |
| How many drivers do you intend to operate under this licence? *  | 25  |
| Declaration  |   |
| Kingdom and I understand that I will be required to provide or documents has been published by the Home Office. https://www.to-right-to-work-checks I/We consent to the Council making elunderstand that the council may utilise the information contain Town and Police Clauses Act 1847. I/We agree that if a licence Licence, that I/we will comply with all acts, bylaws, regulations force. I/We understand that failure to so comply will prejudice processing of information about me, including medical information my application for and holding of, if granted, a licence. I/We form for internal purposes and to maintain a statutory register or organisations in accordance with the Council's registration information in this form may be disclosed as part of a report to | attement or omits any material particular in giving information eclare that I have the lawful right to live and work in the United iginal documents to demonstrate that right. A list of acceptable ww.gov.uk/government/publications/licensing-authority-guidenquiries into this application to ascertain its truthfulness. I/We ned herein to maintain a public register in accordance with the ce is granted by the Council for a Private Hire Fleet Operator and conditions relating thereto and for the time being in the continuance of any licence granted. I/We consent to the ation and criminal convictions and cautions, for the purposes a understand that the council may use the information in this of driver's details and may disclose the information to persons under the Data Protection Act 2018. I also understand that the body or person who will determine my application and that a part of the application process I/we must provide an enhanced |
| Name *   | Neil McGonigle  |
| Date *   | 22/05/2024  |
| This authority is under a duty to protect the public funds it admired bayes provided on this form for the provention and detection of  |   |
| have provided on this form for the prevention and detection of responsible for auditing or administering public funds for these Licence Duration   |   |
| What length of licence are you applying for? *   | 5 years   |

