

# TAXI / PHC VEHICLE (NEW)

Application for grant of a Taxi / Private Hire Car (PHC) vehicle licence

**This application must be accompanied by the appropriate fee which is non-refundable and lodged with:**

Licensing Section  
The City Of Edinburgh Council  
249 High Street, Edinburgh EH1 1YJ

T: 0131 529 4208 F: 0131 529 4207

OFFICIAL USE ONLY Record of Application	
DATE	
FEE	
REF NO.	

**- ALL QUESTIONS MUST BE ANSWERED IN TYPESCRIPT OR BLOCK CAPITALS  
- IF YOU HAVE EVER HAD A LICENCE OF ANY TYPE YOU MUST STATE THE REFERENCE NO. (ON ORIGINAL DOCUMENTATION) HERE \_\_\_\_\_**

- Grant of the Licence is normally for a period of 1 year, unless revoked or surrendered, and is then renewable.
- When the licence is to be held in the name of a company or partnership and a day to day manager, documentary proof of the existence of the company/partnership must accompany the application form.
- In making this application you should be aware that the City of Edinburgh Council will hold the information supplied by you ('data') for its purposes as local licensing authority. If you wish to check or amend the data held, or request deletion of data, you should contact the Licensing Service using the details above. In processing the data it will be disclosed to the police and other public bodies involved with licensing enforcement. By submitting this application you are giving your consent for your information to be held and processed for the stated purposes.

APPLICATION TYPE		
1	State whether the application is for the grant of a Taxi or a Private Hire Car licence, or for a change of day-to-day manager	Taxi <input type="checkbox"/> PHC <input type="checkbox"/> Day-to-day manager <input type="checkbox"/>
2	State whether the licence holder is to be an individual or a company / partnership	Individual <input type="checkbox"/> Company / Partnership <input type="checkbox"/>

PART 1 – DETAILS OF VEHICLE for which licence is sought			
Registration number		Date of first registration	
Make		Model	
CC rating		Seating Capacity	
Colour		Number of doors	
Chassis No			
Address at which licensed vehicle will be kept			
	Postcode:		

PART 2 – DETAILS OF INDIVIDUAL or COMPANY / PARTNERSHIP		
a	Full Name of Applicant or Company / Partnership	
b	Maiden / Previous Name ( <i>individual only</i> )	
c	Date of Birth / Town of Birth / Nationality ( <i>individual only</i> )	DoB: _____ Town: _____ Nationality: _____
d	Address of Applicant or Registered / Principal Office	Postcode: _____
e	Contact telephone numbers	home: _____ mobile: _____
f	<b>Email address</b>	
g	Inland Revenue Unique Tax Ref. No. ( <i>Individual only</i> )	

PART 3 – DETAILS OF MANAGER		
Details of person responsible for day-to-day management of the vehicle. Only to be completed if there is a day-to-day manager as well as the individual named in Part 2. If the licence is to be held by a company or partnership, a day-to-day manager must be named below.		
a	Full Name	
b	Maiden / Previous Name	
c	Date of Birth / Town of Birth / Nationality	DoB: _____ Town: _____ Nationality: _____
d	Home Address	Postcode: _____
e	Contact telephone numbers	home: _____ mobile: _____
f	<b>Email address</b>	
g	Inland Revenue Unique Tax Ref. No.	

## PART 4 – DETAILS OF ALL DIRECTORS / PARTNERS

1	a	Full Name		
	b	Maiden / Previous Name		
	c	Date of Birth / Town of Birth / Nationality	DoB:	Town:
			Nationality:	
	d	Home Address		
				Postcode:
	e	Contact telephone numbers	home:	
		mobile:		
f	<b>Email address</b>			
g	Inland Revenue Unique Tax Ref. No.			
2	a	Full Name		
	b	Maiden / Previous Name		
	c	Date of Birth / Town of Birth / Nationality	DoB:	Town:
			Nationality:	
	d	Home Address		
				Postcode:
	e	Contact telephone numbers	home:	
		mobile:		
f	<b>Email address</b>			
g	Inland Revenue Unique Tax Ref. No.			
3	a	Full Name		
	b	Maiden / Previous Name		
	c	Date of Birth / Town of Birth / Nationality	DoB:	Town:
			Nationality:	
	d	Home Address		
				Postcode:
	e	Contact telephone numbers	home:	
		mobile:		
f	<b>Email address</b>			
g	Inland Revenue Unique Tax Ref. No.			

**PART 4 – DETAILS OF ALL DIRECTORS / PARTNERS cont...**

4	a	Full Name	
	b	Maiden / Previous Name	
	c	Date of Birth / Town of Birth / Nationality	DoB:                      Town: Nationality:
	d	Home Address	Postcode:
	e	Contact telephone numbers	home: mobile:
	f	<b>Email address</b>	
	g	Inland Revenue Unique Tax Ref. No.	
5	a	Full Name	
	b	Maiden / Previous Name	
	c	Date of Birth / Town of Birth / Nationality	DoB:                      Town: Nationality:
	d	Home Address	Postcode:
	e	Contact telephone numbers	home: mobile:
	f	<b>Email address</b>	
	g	Inland Revenue Unique Tax Ref. No.	
6	a	Full Name	
	b	Maiden / Previous Name	
	c	Date of Birth / Town of Birth / Nationality	DoB:                      Town: Nationality:
	d	Home Address	Postcode:
	e	Contact telephone numbers	home: mobile:
	f	<b>Email address</b>	
	g	Inland Revenue Unique Tax Ref. No.	

*Attach a further sheet if there are any further directors / partners and include all details as requested above*

**PART 5 – PREVIOUS CONVICTIONS**

a Subject to the provisions of the Rehabilitation of Offenders Act 1974, state below all convictions (including traffic offences) against any of the applicants within any Court in the United Kingdom, or answer “NONE” if applicable.

Date	Court	Offence	Sentence

*Continue on separate sheet if necessary*

Any person who, or in connection with, the making of this application makes any statement which he knows to be false, or recklessly makes any statement which is false in a material particular, shall be guilty of an offence and liable, on summary conviction, to a fine not exceeding £2,500.

I/We hereby make application for a licence in the above terms and certify that the information given is true and correct.

I/We have read and understand the standard conditions of licence and acknowledge that these will be attached to any licence granted to me/us.

Signature of Applicant / Agent <i>(delete as appropriate)</i>		Date
		/ /
Agent's & Firm's Name, Address & Tel. No. <i>(If signed by Agent)</i>		