

NEW TAXI OR PRIVATE HIRE CAR (PHC) VEHICLE LICENCE

Application for new Taxi or Private Hire Car (PHC) vehicle licence

This application form must be fully completed and submitted electronically, together with all required supporting documentation and the appropriate fee, using our Taxi & Private Hire Car licensing [online submission form](#). Further information is also available on our website at www.edinburgh.gov.uk

PLEASE READ THE [GUIDANCE NOTES](#) & THE [VEHICLE COMPLIANCE AND INSPECTION GUIDANCE](#) DOCUMENT BEFORE COMPLETING THE APPLICATION FORM

ALL QUESTIONS MUST BE ANSWERED IN TYPSCRIPT OR BLOCK CAPITALS

IF YOU HAVE NOTHING TO RECORD, YOU MUST STATE "NOT APPLICABLE" OR "NONE"

IF YOU HAVE EVER HAD A LICENCE OF ANY TYPE YOU MUST STATE THE REFERENCE NO. (ON ORIGINAL DOCUMENTATION) HERE: _____

PART 1 - LICENCE APPLIED FOR - *please tick ✓:*

	New Taxi Vehicle	<input type="checkbox"/>	
	New Private Hire Car vehicle	<input type="checkbox"/>	

PART 2 - APPLICANT DETAILS

Who will the licence holder be - *please tick ✓:*

	Company*	<input type="checkbox"/>	*You must provide all information requested in Parts 2B, 2C and also Part 3 below
	Limited Company*	<input type="checkbox"/>	Please also note that when the licence is to be held in the name of a company or partnership, <u>documentary proof</u> of the existence of the company/partnership <u>must</u> accompany the application form
	Partnership*	<input type="checkbox"/>	
	Individual	<input type="checkbox"/>	You must provide all the information requested in Part 2A below. Part 3 should only be completed if you have appointed someone to manage your vehicle licence on a day to day basis for you.

Part 2A

First name/s			
Surname			
Maiden/Previous name			
Date of Birth		Place of Birth	
Home address			
Postcode			
Home phone no			
Mobile phone no			
contact email address			

Part 2B

Company Number		
Company/Partnership name		
Registered/Company Address		
Postcode		
Contact no		
Contact email address		

Part 2C - Please provide details of all Directors/Partners

First name/s		
Surname		
Designation		
Maiden/Previous name		
Date of Birth		Place of Birth
Home address		
Postcode		
Home phone no		
Mobile phone no		
Contact email address		
Full name/s		
Surname		
Designation		
Maiden/Previous name		
Date of Birth		Place of Birth
Home address		
Postcode		
Home phone no		
Mobile phone no		
contact email address		
Full name/s		
Surname		
Designation		

Maiden/Previous name			
Date of Birth		Place of Birth	
Home address			
Postcode			
Home phone no			
Mobile phone no			
contact email address			
<i>Please provide details of any further directors or partners on a separate sheet</i>			

PART 3 – DAY TO DAY MANAGER – *please provide details of anyone appointed to manage the business on a day to day basis (note this person will also be named on the licence document)*

First name/s			
Surname			
Designation			
Maiden/Previous name			
Date of Birth		Place of Birth	
Home address			
Postcode			
Home phone no			
Mobile phone no			
Contact email address			

PART 4 – DETAILS OF CONVICTIONS – to be completed for all individuals named on this form

Subject to the provisions of the Rehabilitation of Offenders Act 1974, state below particulars of all convictions, including Road Traffic Offences, against the persons named above. (continue on a separate sheet, if necessary).

Please note you do not have to declare spent convictions.

Please also note that it is an offence if you fail to disclose a conviction against you.

If you have none, you must state “NONE” in the box below

Date*	Court*	Offence*	Sentence*

*** continue on a separate sheet if necessary**

PART 5 - VEHICLE DETAILS – please tick ✓:

Emission Standard: Euro 6*	<input type="checkbox"/>	*we will only accept Euro 6 vehicles for licensing	
Fuel type:	<input type="checkbox"/>		
Diesel	<input type="checkbox"/>		
Hybrid	<input type="checkbox"/>		
LPG	<input type="checkbox"/>		
Hydrogen	<input type="checkbox"/>		
Wheelchair accessible	<input type="checkbox"/>	<i>note all Taxi vehicles must be wheelchair accessible and vehicle must be side loading</i>	

Registration number		Date of first registration	/	/
Make				
Model				
Colour				
CC rating		Seating Capacity		Number of doors
Chassis No				

Does the vehicle currently have any Safety Cameras installed	No <input type="checkbox"/>	Yes <input type="checkbox"/> *
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<i>*Please provide details of the type of equipment installed - please tick ✓</i>				
Front Facing Camera	<input type="checkbox"/>			
Make				
Model				
Serial Number				
Location of equipment within the vehicle				
Safety Camera	<input type="checkbox"/>			
Make				
Model				
Serial Number				
Location of equipment within the vehicle				
Data Controller				
ICO Registration number				

PART 6 – DECLARATION: *please sign and date*

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 Manager on the details above. In processing the data it will be disclosed to the police and other public bodies involved with licensing enforcement or National Fraud Initiatives. By submitting this application, you are giving your consent for your information to be held and processed for the stated purposes

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 and confirm that:

- (a) The particulars given by me/us on this form are true to the best of my/our knowledge and belief
- (b) I/We have read and understood the guidance notes
- (c) I/We have read and understood the information provided in the vehicle compliance and inspection guidance document
- (d) 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

I confirm the above declaration is true

Signature of Applicant or Solicitor/Agent (use drop down list)	Date
	/ /
Address of Solicitor/Agent <i>(if signed by Solicitor/Agent)</i>	

PART 7 – CORRESPONDENCE DETAILS – *please provide details of where all correspondence relating to this application should be sent*

correspondence name	
Address	
Postcode	
contact phone no	
email address	