

## TAXI / PHC VEHICLE (RENEWAL)

### Application for renewal of a Taxi / 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, to the Licensing Section using our Taxi & Private Hire Car licensing [online submission form](#) Further information is also available on our website at [www.edinburgh.gov.uk](http://www.edinburgh.gov.uk)

**- ALL QUESTIONS MUST BE ANSWERED – INCOMPLETE APPLICATION FORMS WILL NOT BE ACCEPTED AND WILL BE RETURNED**

PART 1 - CURRENT LICENCE DETAILS - <i>please tick ✓</i> :		
Taxi Vehicle <input type="checkbox"/>		Private Hire Car vehicle <input type="checkbox"/>
CEC 'Plate' no:		
Licence no:*		<i>*this can be found on your licence document and at the top right of your compliance certificate</i>
Expiry date:		
Does this application include a change of vehicle? <input type="checkbox"/> No <input type="checkbox"/> Yes		

PART 2 – LICENCE HOLDER DETAILS	
Who is the current licence holder- <i>please tick ✓</i> :	
An Individual <input type="checkbox"/>	You must <u>fully complete</u> the following parts on this form: <b>Part 2A – Individual licence holder details</b> <b>Part 3 – Day to day manager details – if someone has been appointed to manage your vehicle licence on a day to day basis for you.</b> <b>Part 4 – Currently licenced vehicle details</b> <b>Part 5 – Replacement vehicle details - only if your application includes a change of vehicle</b> <b>Parts 6, 7 &amp; 8 – must be fully completed</b>
Company <input type="checkbox"/>	You must <u>fully complete</u> the following parts on this form: <b>Part 2B – Company or Partnership licence holder details</b> <b>Part 2C – All Directors/partners details</b>
Limited Company <input type="checkbox"/>	<b>Part 3 – Day to day manager details</b> <b>Part 4 – Currently licenced vehicle details</b>
Partnership <input type="checkbox"/>	<b>Part 5 – Replacement vehicle details - only if your application includes a change of vehicle</b> <b>Parts 6, 7 &amp; 8 – must be fully completed</b>

**Part 2A – INDIVIDUAL LICENCE HOLDER DETAILS**

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

**Part 2B – COMPANY/PARTNERSHIP LICENCE HOLDER DETAILS**

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

Surname		
Maiden/Previous name		
Designation		
Date of Birth	Place of Birth	
Home address		
Postcode		
Contact phone no		
Contact email address		
First name/s		
Surname		
Maiden/Previous name		
Designation		
Date of Birth	Place of Birth	
Home address		
Postcode		
Contact phone no		
Contact email address		
<b><i>Please provide details of any further directors or partners on a separate sheet</i></b>		

<b>PART 3 – DAY TO DAY MANAGER</b>		
First name/s		
Surname		
Maiden/Previous name		
Designation		
Date of Birth	Place of Birth	
Home address		
Postcode		
Contact phone no		
Contact email address		

**PART 4 – CURRENTLY LICENCED VEHICLE DETAILS – please complete all parts for the vehicle currently licenced**

What emissions standard is the vehicle	LPG	<input type="checkbox"/>			
	Euro 5*	<input type="checkbox"/>			
	Euro 6	<input type="checkbox"/>			
	Electric	<input type="checkbox"/>			
	Hybrid	<input type="checkbox"/>			
Are you and the vehicle currently exempt from the following	Taxi condition 256	No	<input type="checkbox"/>	Yes	<input type="checkbox"/> *
	PHC condition 303	No	<input type="checkbox"/>	Yes	<input type="checkbox"/> *

*\*Please provide details of any exemption below*

Date exemption granted:	
Exemption details	

Registration number	Date of first registration:
Make	
Model	
Colour	
CC rating	Seating Capacity:                      Number of doors:
VIN (Chassis) No	

Does the vehicle currently have any Safety Cameras installed                      No                       Yes

Does the vehicle currently carry an advert                      No                       Yes                       *\*provide details below*

\*Type of advert (e.g. full livery or superside)                      \_\_\_\_\_

Does the vehicle currently have a Digital Roof Top Advertising device installed – *applicable to licensed Taxi Vehicles only*                      No                       Yes

Is the vehicle Wheelchair Accessible                      No                       Yes

**PART 5 – REPLACEMENT VEHICLE DETAILS – only complete this section if your application includes a change of vehicle**

What emissions standard is the vehicle	LPG	<input type="checkbox"/>	
	Euro 6	<input type="checkbox"/>	
	Electric	<input type="checkbox"/>	
	Hybrid	<input type="checkbox"/>	
Registration number	Date of first registration:		
Make			
Model			

Colour			
CC rating	Seating Capacity	Number of doors	
VIN (Chassis) No			
Does the vehicle currently have any Safety Cameras installed	No	<input type="checkbox"/>	Yes <input type="checkbox"/>
Does the vehicle currently carry an advert	No	<input type="checkbox"/>	Yes <input type="checkbox"/> *provide details below
*Type of advert (e.g. full livery or superside)			
Does the vehicle currently have a Digital Roof Top Advertising device installed – <i>applicable to licensed Taxi Vehicles only</i>	No	<input type="checkbox"/>	Yes <input type="checkbox"/>
Is the vehicle Wheelchair Accessible	No	<input type="checkbox"/>	Yes <input type="checkbox"/>

## PART 6 – DETAILS OF CONVICTIONS

Subject to the Rehabilitation of Offenders Act 1974, as amended by the Rehabilitation of Offenders Act 1974 (Exclusions and Exceptions) (Scotland) Order 2013 and the Rehabilitation of Offenders Act 1974 (Exclusions and Exceptions) (Scotland) Amendment Order 2015.  
**Please state below all (a) convictions (including traffic offences) against any of the applicants within any Court in the United Kingdom .**

**Please note that this applies to spent convictions unless these are protected convictions**

**If you are in any doubt please obtain your own legal advice**

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

Correspondence full name		
Address		
Postcode		
contact phone no		
email address		

**PART 8 – DECLARATION**

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 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** *(Select as appropriate)*

Date signed

*Address of agent  
(if signed by agent)*