

TAXI & PRIVATE HIRE CAR (PHC) VEHICLE LICENCE

Application to Change the Day to Day Manager

We only accept electronic application forms and payments. You should upload your fully completed application form together with any required supporting documentation and make payment, by debit or credit card only, using the link below

[Taxi & Private Hire online submission form](#)

Further information is also available on our website at www.edinburgh.gov.uk

ALL QUESTIONS MUST BE ANSWERED IN TYPESCRIPT OR BLOCK CAPITALS

PART 1 - CURRENT LICENCE DETAILS - <i>please tick ✓</i>:			
		Taxi Vehicle <input type="checkbox"/>	Private Hire Car vehicle <input type="checkbox"/>
Licence no		Expiry date	
CEC 'Plate' no			
Vehicle Registration number			

PART 2 – LICENCE HOLDER DETAILS		
Who is the current licence holder- <i>please tick ✓</i> :		
Individual	<input type="checkbox"/>	<i>You must provide all the information requested in Part 2A</i>
Company	<input type="checkbox"/>	
Limited Company	<input type="checkbox"/>	<i>You must provide all information requested in Part 2B</i>
Partnership	<input type="checkbox"/>	

Part 2A – INDIVIDUAL LICENCE HOLDER DETAILS

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/PARTNERSHIP LICENCE HOLDER DETAILS

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

PART 3 – REPLACEMENT DAY TO DAY MANAGER DETAILS

Confirm the position of the Existing Day to Day Manager - **please tick one box only** ✓:

The individual currently named on the licence is no longer acting as the Day to Day Manager	<input type="checkbox"/> *	
*Please provide the date of this change (dd/mm/yyyy)	/ /	
The individual currently named on the licence will stop acting as the Day to Day on successful determination of this application	<input type="checkbox"/>	

Compete all sections below for the New Day to Day Manager

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

All relevant convictions must be declared, including any convictions which are spent in terms of the Rehabilitation of Offenders Act 1974, unless they are “non-disclosable” convictions as defined in Article 2A of the Rehabilitation of Offenders Act 1974 (Exclusions and Exceptions) (Scotland) Order 2013.

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

If you are declaring that you have no such convictions please write “NONE” in the box below

Date*	Court*	Offence*	Sentence*

*** Continue on a separate sheet if necessary**

PART 5 – 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 (select as appropriate)

Date:

Address of Solicitor/Agent
(if signed by Solicitor/Agent)

PART 6 – CORRESPONDENCE DETAILS – *provide details of where all correspondence relating to this application should be sent*

Correspondence full name	
Address	
Postcode	
contact phone no	
email address	