|  |  |
| --- | --- |
|  | Falkirk Council Licence No: ……….. Licensing Unit  Foundry  4 Central Boulevard  Central Park  Larbert  FK5 4RU  Telephone: 01324 501575  E- mail: licensing@falkirk.gov.uk |
|  |  |

**Civic Government (Scotland) Act 1982**

**Application for the grant of a Taxi Operator/Private Hire Car Operator Licence**

**YOU ARE REQUIRED TO READ THE GUIDANCE BEFORE COMPLETING THE FORM INCLUDING CONDITIONS OF FITNESS OF TAXI AND PRIVATE HIRE CARS**

**TO SUBMIT THE APPLICATION YOU MUST EMAIL OR POST IT TO THE LICENSING SECTION ALONG WITH ALL REQUIRED SUPPORTING DOCUMENTATION.**

**Our preferred method of communication is email, so it is essential that you provide a current email address.**

**All relevant questions must be answered in block letters or typescript. The application fee will be paid once it is submitted and checked it will only be processed once the fee is paid. The application form can be fully completed electronically including electronic signature.**

**SECTION 1**

**Question 1**

|  |  |
| --- | --- |
| (a) Type of Licence applied for | Taxi Operator  Private Hire Car Operator |

**Question 2**

To be completed only if the application is being made by a natural person (i.e. Individual)

|  |  |
| --- | --- |
| (a) Full name of applicant |  |
| (b) Home Address (including postcode) |  |
| (c) Date of Birth |  |
| (d) Town and Country of Birth |  |
| (e) E-mail Address |  |
| (f) Mobile Telephone Number |  |
| (g) Home Telephone Number |  |
| (h) Works Telephone Number |  |

**Question 3**

|  |  |
| --- | --- |
| Do you intend to manage the vehicle yourself. | YES / NO\* |

If you have answered NO you must complete question 4 giving details of the person who will manage the operation of the vehicle.

**Question 4**

To be completed only if the application is by a non-natural (i.e. partnership or company)

|  |  |
| --- | --- |
| (a) Full name of partnership or company.  (If a partnership a copy of the agreement must be submitted with the application). |  |
| (b) Address of principal/registered office (including postcode) |  |
| (c) Telephone Number of principal/registered office. |  |
| (d) Registered Company Number |  |
| (e) E-mail Address |  |

(f) Names, private addresses, place, and date of birth of all directors, partners or other persons responsible for its management (continue on a separate sheet if necessary).

|  |  |  |
| --- | --- | --- |
| Full Name | Private Address | Date and Place of Birth |
|  |  |  |
|  |  |  |
|  |  |  |

**Question 5**

To be completed in respect of the employee or agent who is to carry on the day-to-day management of the operation of the taxi.

|  |  |  |
| --- | --- | --- |
| Full Name | Private Address | Date and Place of Birth |
|  |  |  |

|  |  |
| --- | --- |
| Email Address |  |
| Home Telephone Number |  |
| Work Telephone Number |  |
| Mobile Telephone Number |  |

**Question 6**

|  |  |
| --- | --- |
| Has any person named on the form lived outwith the United Kingdom for a continuous period of six months or more in the last 10 years? | YES / NO |

If yes you are required to provide a Criminal Record Check/ verification from the Embassy from each country they resided in. Information on how to obtain this is contained within the guidance notes.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Country of Residence | Date From | Date To |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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

**Question 7**

(a) Does any person named on the form have any unspent convictions, conditional offers and or fixed penalties recorded against themselves **within or outwith** the UK?

|  |  |
| --- | --- |
| Within the UK | YES / NO |
| Outwith the UK | YES / NO |

If yes you MUST reveal all either by on the application form along with the submission of a Criminal Record Check/ Verification from Embassy if required to do so.

All current convictions, conditional offers and fixed penalties must be disclosed. Failure to do this will result in the application being considered at a meeting of the Civic Licensing Committee (Continue on a separate sheet if necessary).

**(b) Convictions**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Name | Offence | Court or Country (outwith UK) | Sentence/Penalty |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**(c) Conditional Offers and Fixed Penalties**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Name | Offence | Country (outwith UK) | Sentence/Penalty |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Question 8**

|  |  |
| --- | --- |
| (a) Has any person named in questions 1, 3 or 4 above previously held or currently holds a Taxi Operator / Private Hire Car Operator Licence issued by this or any other authority? | YES / NO |
| (b) If yes which authority granted the licence? |  |
| (c) When was it granted? |  |
| (d) When does it expire? |  |

**Question 9**

|  |  |
| --- | --- |
| (a) Has any person named in questions 1, 3 or 4 above ever applied for and been refused a Taxi Operator / Private Hire Car Operator Licence by this or any other authority? | YES / NO |
| (b) If yes which authority refused the licence |  |
| (c) When was it refused? |  |

**If an application for a taxi operator / private hire car operator licence was refused by this authority within the last year a further application will only be accepted if there has been a material change in circumstance. This information must be provided with the application.**

**SECTION 2**

**Question 10**

Details of proposed vehicle if known.

|  |  |
| --- | --- |
| (a) Registration number of vehicle. |  |

(b) Date of first registration of vehicle

|  |  |  |
| --- | --- | --- |
| Day | Month | Year |
|  |  |  |

(c) Description of vehicle

|  |  |
| --- | --- |
| Make & Model |  |
| CC Rating (if applicable) |  |
| Number of doors |  |
| Colour |  |
| Chassis Number |  |
| Passenger seat capacity |  |
| Wheelchair Accessible |  |
| Hybrid |  |
| Electric |  |

|  |  |
| --- | --- |
| (d) Does the vehicle comply with the current policy of age and type? | YES / NO |

|  |  |
| --- | --- |
| (e) If the vehicle you register as a taxi is wheelchair accessible do you wish a contact telephone number to be added to the website. | YES / NO |
| If yes, give contact telephone number here. |  |

**Question 11**

|  |  |
| --- | --- |
| (a) Has the vehicle previously been licensed as a taxi | YES / NO |
| (b) if yes, give details |  |

**SECTION 3**

**Question 12**

CHECKLIST OF PAPERWORK SUPPORTING THIS APPLICATION

The following relevant documentation must be submitted with the application otherwise the application will not be accepted.

|  |  |
| --- | --- |
| **I confirm that I have enclosed the following** | **Submitted** |
| (a) Criminal Record Check / Verification form Embassy (Applies to persons who have lived outwith the UK for any period of at least 6 months or more within the last 10 years) |  |
| (b) Photographic ID (applications submitted by an individual only) |  |
| (c) Proof of address (applications submitted by an individual only) |  |

The application fee can only be paid once you submit the application form, and it is checked. We will contact you by telephone to make payment by card.

**SECTION 4**

**INDIVIDUAL PERSON**

I declare that the particulars given by me on this form are true and I hereby make application to Falkirk Council for the grant of a Taxi Operator / Private Hire Car Operator Licence.

Date:

Signature of applicant or agent:

Address of agent:

**COMPANY, PARTNERSHIP (\*Insert company / partnership name)**

On behalf of \* I declare that the particulars given by me on this form are true and I hereby make application to Falkirk Council for the grant of a Taxi Operator / Private Hire Car Operator Licence

Date:

Signature of person authorised to sign on behalf of company/partnership:

Address of Signatory (if not already specified above)

|  |
| --- |
| Please indicate where all correspondence should be sent to applicant/agent/manger. Also where possible provide e-mail address written clearly for correspondence where appropriate.  Applicant □ Agent □ Manager □  E-mail address: |

**This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form within this authority for the prevention and detection of fraud.  It may also share this information with other bodies administering public funds solely for these purposes.**

N.B. Any person who in, or in connection with, the making of this application makes any statement which he/she knows to be false or recklessly makes any statement which is false in a material matter shall be guilty of an offence and liable, on summary conviction, to a fine.

Your privacy is important to us. You can find out how we deal with your personal information here <http://www.falkirk.gov.uk/privacy/law-licensing/licensing/>