

# Application for Vehicle Substitution on a Taxi or Private Hire Car Licence

## Orkney Islands Council

### Civic Government (Scotland) Act 1982

Please read the attached guidance notes before completing this form. Answer Question 1 or 2 and **all** other questions, continuing on separate sheet(s) if necessary. All addresses provided must include post codes.

<b>1. To be completed if applicant is a person (not a company or other business entity).</b>			
<b>1.1.</b> Full name (Block capitals).	<b>Surname.</b>	<b>Forename(s).</b>	
<b>1.2.</b> Home address including post code.			
<b>1.3.</b> Telephone numbers (landlines for home and business; and mobile).			
<b>1.4.</b> Email address.			
<b>1.5.</b> Age, date and place of birth.	<b>Age.</b>	<b>Date of Birth.</b>	<b>Place of Birth.</b>
<b>1.6.</b> Is applicant to carry out day-to-day management of the business? If not, provide full name, address and date and place of birth of any employee or agent so engaged. Provide telephone numbers (landlines for home and business; and mobile) and email address of employee or agent so engaged.	<b>Yes / No (delete as appropriate).</b>		
<b>2. To be completed if applicant is a company or other business entity.</b>			
<b>2.1.</b> Full name of business (Block capitals).			
<b>2.2.</b> Address of principal or registered office of business including post code.			
<b>2.3.</b> Telephone numbers for business (landline and mobile).			

<p><b>2.4.</b> Email address for business.</p>	
<p><b>2.5.</b> Full names, private addresses and dates and places of birth of directors, partners or other persons responsible for management of business.</p> <p>Provide telephone numbers (landlines for home and business; and mobile) and email addresses of directors, partners or other persons responsible for management of business.</p> <p>Continue on separate sheet(s) if necessary.</p>	
<p><b>2.6.</b> Full name, address and date and place of birth of employee or agent to carry on day-to-day management of the business.</p> <p>Provide telephone numbers (landlines for home and business; and mobile) and email address of employee or agent.</p>	
<p><b>3.</b> Does the applicant propose to operate the vehicle?</p> <p>If not, provide the full name, address and date and place of birth of any employee or agent who will manage the operation of the vehicle.</p>	<p><b>Yes / No (delete as appropriate).</b></p>
<p><b>4.</b> Will the activity be operated for the benefit of a person other than the applicant?</p> <p>If Yes, another person will benefit, provide the full name, address and date and place of birth of that person, together with their telephone numbers (landline and mobile) and email address.</p>	<p><b>Yes / No (delete as appropriate).</b></p>

<b>5. Details of the Substitution Vehicle.</b>	
Registration Number:	
Date of first registration (DD/MM/YYYY):	
Make:	
Model:	
Colour:	
Width across back seat:	
CC Rating:	
Seating capacity (excluding driver):	
Number of doors:	
Luggage capacity:	
Chassis Number:	
<b>6. Wheelchair Accessibility.</b>	
Is the vehicle wheelchair accessible?	<b>Yes / No (delete as appropriate).</b>
If "Yes", will the vehicle be able to carry a passenger seated in a "reference wheelchair" defined as 700mm in width, 1200mm in length, and 1350mm in height?	<b>Yes / No (delete as appropriate).</b>
<p>If "Yes", please provide information about:</p> <p>The size and weight of wheelchairs that can be accommodated, including whether the vehicle can accommodate wheelchairs which are larger than the "reference wheelchair" standard and</p> <p>Whether the vehicle can carry more than one wheelchair whilst the passengers are seated in their wheelchairs, and if so, how many.</p>	
<p><b>7. Has this vehicle been previously licensed as a taxi or private hire car?</b></p> <p>If Yes, specify whether taxi or private hire car and provide the name of the licence holder, the expiry date and reference number of the last licence.</p>	<b>Yes / No (delete as appropriate).</b>

<b>8.</b> Address of premises where the vehicle is to be kept including post code.		
<b>9.</b> Address of premises from which the vehicle will be operated including post code (if different from 7 above).		
<b>10.</b> State the hours and days when the vehicle will be available for hire.		
<b>11.</b> State reason for request for substitute vehicle, for example original vehicle beyond repair.		
<b>12.1.</b> What type of licence are you applying for? (Tick the relevant box next to your choice.)	<b>Taxi Substitution.</b>	
	<b>Private Hire Car Substitution.</b>	
<b>12.2.</b> What length of licence are you applying for? (Tick the relevant box next to your choice.)	<b>Permanent (remainder of licence).</b>	
	<b>Temporary (up to 3 calendar months).</b>	
<b>13. Details of Original Vehicle.</b>		
Registration Number:		
Make / Model:		
Taxi / private hire car licence number:		

**Declaration:**

**A.** I/We declare that the particulars given by me/us on this form are correct to the best of my/our knowledge and belief.

**B.** I/We understand that the Authority is required to collect the information supplied by me/us as detailed in this form in terms of legislation to enable it to make decisions on applications.

**C.** I/We understand that the information supplied by me/us as detailed in this form may be held and used by the Authority for the purpose of Licensing and that information may be disclosed to Police Scotland and other relevant parties for vetting and background enquiries whilst processing and determining the application.

**D.** I/We understand that the Authority is under a duty to protect the public funds it administers and to this end may use the information I/we have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Agent: (if applicable). \_\_\_\_\_ Date: \_\_\_\_\_

**Any person who in, or in connection with the making of, this application makes any statement which s/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.**

**To be lodged with Legal Services, Orkney Islands Council, Council Offices, Kirkwall, Orkney KW15 1NY, together with the appropriate fee and documentation.**

Form Version: September 2016.

Updated: 2018-05-25.

Updated: 2022-09-13.

For Official Use.	
Date Received.	
Fee Paid £.	
Expiring.	