Application for the Grant or Renewal of 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.

1. To be completed if applicant is a person (not	a company o	or other business	entity).
1.1. Full name (Block capitals).	Surname.	Forenar	ne(s).
1.2. Home address including post code.			
1.3. Telephone numbers (landlines for home and business; and mobile).			
1.4. Email address.			
1.5. Age, date and place of birth.	Age.	Date of Birth.	Place of Birth.
1.6. 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.	Yes / No (d	elete as appropr	iate).
2. To be completed if applicant is a company o	r other busine	ess entity.	
2.1. Full name of business (Block capitals).			
2.2. Address of principal or registered office of business including post code.			
2.3. Telephone numbers for business (landline and mobile).			

2.4. Email address for business.	
2.5. Full names, private addresses and dates and places of birth of directors, partners or other persons responsible for management of business.	
Provide telephone numbers (landlines for home and business; and mobile) and email addresses of directors, partners or other persons responsible for management of business.	
Continue on separate sheet(s) if necessary.	
2.6. Full name, address and date and place of birth of employee or agent to carry on day-	
to-day management of the business. Provide telephone numbers (landlines for home and business; and mobile) and email address of employee or agent.	
3. Does the applicant propose to operate the vehicle?	Yes / No (delete as appropriate).
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.	
4. Will the activity be operated for the benefit of a person other than the applicant? 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.	Yes / No (delete as appropriate).

5. Details of the Vehicle.	
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:	
6. Wheelchair Accessibility.	
Is the vehicle wheelchair accessible?	Yes / No (delete as appropriate).
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?	Yes / No (delete as appropriate).
If "Yes", please provide information about:	
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 Whether the vehicle can carry more than one wheelchair whilst the passengers are seated in their wheelchairs, and if so, how many.	
7. Has this vehicle been previously licensed	Yes / No (delete as appropriate).
as a taxi or private hire car?	
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.	

8. Address of premises where the vehicle is to be kept including post code.				
9. Address of vehicle will be (if different from	e operated ir	ncluding post code		
10. State the vehicle will be				
in this applica sheet(s) if nec completing th a current licer other busine convictions to	tion form evessary). Pless section. Ruce, this quess entity, nate declare, t	er been convicted of ease read the guidal egardless of wheth estion must be answamed on this applete names of the of	ation of Offenders Act 1974 of any crime or offence? (connce notes accompanying the the application is for a newered. If any party, including the company or other busines and by the application form is stating that company or other busines and by the applicant.	ntinue on separate his form before we licence or to renew hg any company or ht they have no s entity, as well as all
			ft blank in relation to any	. All names must be party.
Name. 12.1. What ty for? (Tick the	Date. pe of licence	Court.	ft blank in relation to any	Sentence.
Name. 12.1. What ty	Date. pe of licence	Court.	Offence. Taxi Licence Grant.	Sentence.
Name. 12.1. What ty for? (Tick the	Date. pe of licence	Court.	Taxi Licence Grant. Taxi Licence Renewal.	Sentence.
12.1. What ty for? (Tick the choice.)	Date. pe of licence relevant box	e are you applying a next to your	Taxi Licence Grant. Taxi Licence Renewal. Private Hire Car Licence Private Hire Car Licence	Sentence.

13.1. Have any parties named on this application form held or currently hold a taxi operator's or private hire car operator's licence?	Yes / No (delete as appropriate).
If Yes, provide name(s) and specify whether taxi or private hire car operator.	
13.2. When was the licence granted?	
13.3. When did / does it expire?	
13.4. Which Authority granted the licence?	
14.1. Have any parties named on this application form ever applied for and been refused a taxi operator's or private hire car operator's licence?	Yes / No (delete as appropriate).
If Yes, provide name(s) and specify whether taxi or private hire car operator.	
14.2. When was the licence refused?	
14.3. Which Authority refused the licence?	

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.

Convictions must be declared, subject to the Rehabilitation of Offenders Act 1974. This legislation is available at www.legislation.gov.uk. If you are in any doubt as to whether you require to declare convictions, you must obtain independent legal advice. If you wish to declare that you have no convictions, you must write "None" at question 10 above. You cannot leave the question blank. With reference to the above paragraph, remember that if you do not declare something which you should have declared, you may be prosecuted for failure to declare and this will affect the processing time and procedure for your application.

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.	