|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CIVIC GOVERNMENT (SCOTLAND) ACT 1982** | | | | | | | | | | | | | | | | | | | | | | Legal and Regulatory Support | | |
| **Application for a Grant of a Taxi Car Licence**  **(Please note where the applicant is an individual, please go to Section 1; where the applicant is a partnership, firm or Limited Company, please go to Section 2):** | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.** | **This section to be completed where the applicant is an individual:** | | | | | | | | | | | | | | | | | | | | | | | |
| (i) | Full Name: | | |  | | | | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | |  | | |
| (ii) | Home Address:  (Including full postcode)  Email address | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |  | | | |
| (iii) | Telephone Numbers: | | | Home: | | |  | | | | | | | | | Mobile: | | | |  | | | | |
| (iv) | Date of Birth: | | | Day | | | Month | | | | | Year | | | | Place of Birth: | | | |  | | | | |
|  | | |  | | | | |  | | | |
| **2.** | **To be completed where the applicant is a partnership, firm or limited company:** | | | | | | | | | | | | | | | | | | | | | | | |
| (i) | Trading Name of  Business: | | | |  | | | | | | | | | | | | | | | | | | | |
|  | Business address:  (Including full postcode) | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  | | | | | | |
| (ii) | Business Telephone Numbers: | | | | | | | Business: | | | | | | | | | | | Mobile: | | | | | |
| **3.** | | Please provide the following details of all partners/directors involved in your firm, please note where there are more than 3 partners/directors, please complete their details to include full name, home address, date of birth and telephone numbers on an attached sheet of paper.) | | | | | | | | | | | | | | | | | | | | | | |
| (i) | | Full Name |  | | | | | | | | | | | | | | | | | | | | | |
|  | | Home Address:  (including Postcode) |  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | | |
|  | | Date of Birth: | Day | | | | | | Month | | | | | Year | Home Telephone: | | | | | | | | Mobile: | |
|  | | | | | |  | | | | |  |  | | | | | | | |  | |
| (ii) | | Full Name |  | | | | | | | | | | | | | | | | | | | | | |
|  | | Home Address:  (including Postcode) |  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | | |
|  | | Date of Birth: | Day | | | | | | Month | | | | | Year | Home Telephone: | | | | | | | | Mobile: | |
|  | | | | | |  | | | | |  |  | | | | | | | |  | |
| (iii) | | Full Name |  | | | | | | | | | | | | | | | | | | | | | |
|  | | Home Address  (Including Postcode) |  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | | |
|  | | Date of Birth | Day | | | | | | | Month | | | Year | | Home Telephone: | | | | | | | | Mobile: | |
|  | | | | | | |  | | |  | |  | | | | | | | |  | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | |
| **4.** | | **Please give the name of the person responsible for the day to day running of business/managing the activity? If this person is not one of those named above, please also give:** | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | Full Name |  | | | | | | | | | | | | | | | | | | | | | |
|  | | Home Address  (Including Postcode) |  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | | |
|  | | Date of Birth | Day | | | | | | | Month | | | Year | | Home Telephone: | | | | | | | | Mobile: | |
|  | | | | | | |  | | |  | |  | | | | | | | |  | |
|  | |  | | | | | | | | | | | | | | | | | | | | | |  |
| **5.** | | **Criminal Convictions**  Subject to the provisions of the Rehabilitation of Offenders Act 1974, has any party named above been convicted of any crime or offence in any Court in the United Kingdom?  If YES, please | | | | | | | | | | | | | | | | | | | | | | YES/NO  (please delete as applicable) |
|  | | If YES, please give the following details: | | | | Date of Conviction: | | | | | Convicting Court: | | | | | | Details of Offence: | | | | | | | Sentence: |
| 1. | |  | | | |  | | | | |  | | | | | |  | | | | | | |  |
| 2. | |  | | | |  | | | | |  | | | | | |  | | | | | | |  |
| 3. | |  | | | |  | | | | |  | | | | | |  | | | | | | |  |
|  | |  | | | | | | | | | | | | | | | | | | | | | |  |
| **6.**  (i) | | **Other Licences:**  Has, or do, any of the parties named above previously held, or currently hold, any type of Local Authority Licence? | | | | | | | | | | | | | | | | | | | | | | YES/NO  (please delete as applicable) |
|  | | If YES, please give the following details: | | | | | | | | | | | | | | | | | | | | | |  |
|  | | Name: | | | | Type of Licence: | | | | | | | | Date Granted: | | | Expiry Date: | | | | | | Issuing Authority: | |
| 1. | |  | | | |  | | | | | | | |  | | |  | | | | | |  | |
| 2. | |  | | | |  | | | | | | | |  | | |  | | | | | |  | |
| 3. | |  | | | |  | | | | | | | |  | | |  | | | | | |  | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| (ii) | Has any of the parties named above, ever applied for any type of Local Authority Licence/s and had their application refused? If YES, please give the following details: | | | | | YES/NO  (please delete as applicable) |
|  | Name: | Type of Licence: | Date of Application: | Authority Name: | Reason for Refusal: | |
| 1. |  |  |  |  |  | |
| 2. |  |  |  |  |  | |
| 3. |  |  |  |  |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | | |  |
| **7.** | Does any party directly involved in the day to day licensed activity suffer from, or have any disability, allergy or other condition likely to affect their fitness to operate? | | | YES/NO  (please delete as applicable) |
|  | If YES, please give the following details: | | |  |
|  | Name: | Nature of Condition: | | |
| 1. |  |  | | |
| 2. |  |  | | |
| 3. |  |  | | |
| **8**  (i) | Address of premises where  vehicle is to be kept: | |  | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| (ii) | **Area from which**  **vehicle will be operated:** **Please tick appropriate box** | | | | | **Mid Argyll, Kintyre & Islay**  **Bute & Cowal**  **Helensburgh & Lomond**  **Oban, Lorn & the Isles** | | |
|  |  | | | | | | | |
| **9.** | **Taxi Car Details:** | | | | | | | |
|  | |  | | | | | | |
|  | | Vehicle Details: | | | | | | |
|  | | Please complete the following information: | | | | | | |
| Registration Number of Vehicle to be licensed: | | |  | | | |
| Date Vehicle First Registered: | | |  | | | |
| Make of Vehicle: (eg Ford, Vauxhall etc) | | |  | | | |
| Vehicle Model: (eg Mondeo, Vectra etc) | | |  | | | |
| Number of Doors: | | |  | | | |
| Description of Vehicle: (eg Estate, Saloon etc) | | |  | | | |
| Colour: | | |  | | | |
| Chassis Number: | | |  | | | |
| Number of Passengers: | | |  | | | |
| Width across back seat (must be a minimum of 51 inches/129.5 cms) | | |  | | | |
| Insurance Documents Enclosed: | | | CERTIFICATE/COVER NOTE  (delete as applicable) | | | |
| Insurance Cover Expiry Date: | | |  | | | |
| MOT Document Enclosed:  (if applicable) | | | YES/NO  (delete as applicable) | | | |
| MOT Expires on Date: | | |  | | | |
| Date Vehicle Last Inspected: |  | | Name and Address of Motor Mechanic who undertook said inspection: | |  | |
| Days on which the Vehicle will be available for Hire: | |  | | | During which Hours: |  |
|  | | **Is the Vehicle Wheelchair Accessible?** | | YES/NO  (delete as applicable) | | |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **10** | **Declaration and Information:** | | | | | | |
|  | I declare that the particulars given by me on this form are true and I hereby make application to Argyll and Bute Council for the grant of the licence applied for above. I understand that I, or any person who, in connection with the making of this application makes any statement which I/they know 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 £2500.00.  I also confirm that, if granted a licence, I will comply fully with the conditions of that licence and have, previous to lodging this application, made myself familiar with the terms of Argyll and Bute Council’s standard conditions pertaining to the licence. | | | | | | |
|  |  | | | | | | |
|  |  | |  | | |  | |
|  | Signature of Applicant: | |  |  |  | **Note – Please ensure your signature is within the marked box.** | |
|  |  | |  | | |  | |
|  |  | | | | | | |
|  | Date: | | |  |  | | |
|  |  | | | | | | |
| **Notes:** | | | | | | | |
| 1. | Any form lodged which has not been fully completed will be considered incompetent and returned to the applicant. | | | | | | |
|  |  | | | | | | |
| 2. | The completed form with the required supporting paperwork, as detailed over, must be lodged with: | | | | | | |
|  |  | **The Head of Legal and Regulatory Support**  **Argyll and Bute Council, Kilmory**  **Lochgilphead PA31 8RT** | | | | |  |
|  | **Please note that the Council will consider the application at a public meeting of the PPSL Committee to determine whether the licence should be granted. Any valid objections/representations made to the granting of a licence will also be considered. The applicant will be notified and will be invited to attend.** | | | | | | |
|  | The information you have supplied on this form will be used for the purpose for which you have provided it and  any relevant procedures following from this.  A full privacy notice, which provides information about your rights under data protection legislation and details about what will happen to your personal data, is attached for your information.  **Supporting Documentation:**  The following supporting documentation along with the appropriate fee MUST be lodged with the form otherwise the application will be considered as incompetent and returned:  The Fee of £533.00 (cheques should be payable to Argyll & Bute Council)  Vehicle Registration Document  Current MOT  Current Certificate of Insurance  Proof of entitlement to work and previous convictions (if applicable) | | | | | | |