## East Renfrewshire Council Civic Government (Scotland) Act 1982 Application for Grant or Renewal of a Private Hire Car or Taxi Licence

	New Application	Renewal	Private Hire Car (PHC)	
1 Year (Temporary)			Taxi Licence (TL)	
2 Years			(12)	
3 Years			Limited Company	
			Partnership	

Renewal ONLY – please provide Licence Number						
Private Hire Car (PHC)						
Taxi Driver (TL)						

Company Details	
Company Name	
Address & Postcode	
Company Registration Number	
Contact Number	
Email Address	

HMRC Tax Code							
Are you registered with HMRC?	Yes		No				
(If No, please see guidance)							
If YES :							
						_	
HMRC Tax Check Code							
<b>All applicants please note -</b> by signing this form (page 10) you are confirming that you are aware of HMRC guidance in relation to your tax registration obligations. Further information can be obtained at							
https://www.gov.uk/guidance/confirm-you							ivato-hiro-
or-scrap-metal-licence		porisit	macs-w				

Details of Pa	rtners											
Partner Details												
Title	Mr	Mrs	Ms	Others:	Delete as appropriate							
First Name												
Surname												
Address & Postcode												
Contact Number												
Email Address												
Date of Birth					Eg: DD/MM/YYYY							
Place of Birth												

Right to Work in the UK	Right to Work in the UK								
Have you lived in the UK for a per 5 Years?	Yes		No						
Do you have the right to work in th	Yes		No		(If No, please refer to guidelines)				
If Yes, Biometric Residence card or Permit number:									
Valid From							Eg: DD/MM/YYYY		
Valid To							Eg: DD/MM/YYYY		
Home Office Share Code (Case Sensitive)									
HMRC Tax Code		1	1	1					
Are you registered with HMRC? (If No, please see guidance)		Yes		No					

If YES :

HMRC Tax Check Code (case sensitive)

All applicants please note - by signing this form (page 11) you are confirming that you are aware of HMRC guidance in relation to your tax registration obligations. Further information can be obtained at <u>https://www.gov.uk/guidance/confirm-your-tax-responsibilities-when-applying-for-a-taxi-private-hire-or-scrap-metal-licence</u>.

Partner Detai	ls				
Title	Mr	Mrs	Ms	Others:	Delete as appropriate
First Name					
Surname					
Address & Postcode					
Contact Number					
Email Address					
Date of Birth					Eg: DD/MM/YYYY
Place of Birth					

Right to Work in the UK								
Have you lived in the UK for a p 5 Years?	eriod of less than	Yes	No					
Do you have the right to work in	the UK?	Yes	No	(If No, please refer to guidelines)				
If Yes, Biometric Residence care or Permit number:	d							
Valid From				Eg: DD/MM/YYYY				
Valid To				Eg: DD/MM/YYYY				
Home Office Share Code (case sensitive)								

HMRC Tax Code								
Are you registered with HMRC? (If No, please see guidance)	Yes		No					
If YES :								
HMRC Tax Check Code (case sensitive)								
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Partner Detai	ls					
Title	Mr	Mrs	Ms	Others:		Delete as appropriate
First Name						
Surname						
Address & Postcode						
Contact Number						
Email Address						
Date of Birth					Eg: DD/MM/YY	ΥY
Place of Birth						

Right to Work in the UK								
Have you lived in the UK for a perio 5 Years?	Yes		No					
Do you have the right to work in the	Yes		No		(If No, please refer to guidelines)			
If Yes, Biometric Residence card or Permit number:								
Valid From						Eg: DD/MM/YYYY		
Valid To						Eg: DD/MM/YYYY		
Home Office Share Code (Case Sensitive)								
LIMPO Tay Cada								
HMRC Tax Code		1	1.5.					
Are you registered with HMRC? (If No, please see guidance)	Yes		No					

If YES :
HMRC Tax Check Code
(case sensitive)
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PLEASE PROVIDE DETAILS OF ADDITIONAL PARTNERS ON A SEPARATE SHEET

Details of Dir	ectors				
<b>Director Deta</b>	ils				
Title	Mr	Mrs	Ms	Others:	Delete as appropriate
First Name					
Surname					
Address & Postcode					
Contact Number					
Email Address					
Date of Birth					Eg: DD/MM/YYYY
Place of Birth		·			

Right to Work in the UK					
Have you lived in the UK for a period	than	Yes	No		
5 Years?					
Do you have the right to work in the UK?			Yes	No	(If No, please refer to guidelines)
If Yes, Biometric Residence card					
or Permit number:					
Valid From					Eg: DD/MM/YYYY
Valid To					Eg: DD/MM/YYYY
Home Office Share Code				 	
(Case Sensitive)					

HMRC Tax Code									
Are you registered with HMRC? (If No, please see guidance)	Ye	es		No					
If YES :									
HMRC Tax Check Code (case sensitive)								]	
All applicants please note - by sign	ning this f	orm (p	age 11	) you a	re con	firming	that yo	u are aw	are of

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Director Deta	ils				
Title	Mr	Mrs	Ms	Others:	Delete as appropriate
First Name					
Surname					
Address & Postcode					
Contact Number					
Email Address					
Date of Birth					Eg: DD/MM/YYYY
Place of Birth					

Right to Work in the UK								
Have you lived in the UK for a period of less than 5 Years?						No		
Do you have the right to work in the UK?			Yes		No	(If No, please ref guidelines)	er to	
If Yes, Biometric Residence car or Permit number:	ď							
Valid From							Eg: DD/MM/YYY	Ϋ́
Valid To							Eg: DD/MM/YYY	Ύ
Home Office Share Code (Case Sensitive)								
HMRC Tax Code								
Are you registered with HMRC? (If No, please see guidance)	,		Yes		No			
If YES :					•			
HMRC Tax Check Code (case sensitive)								
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Director Deta	ils					
Title	Mr	Mrs	Ms	Others:		Delete as appropriate
First Name						
Surname						
Address & Postcode						
Contact Number						
Email Address						
Date of Birth					Eg: DD/MM/YY	ΥY
Place of Birth						

Right to Work in the UK					
Have you lived in the UK for a peri 5 Years?	Yes		No		
Do you have the right to work in the UK?				No	(If No, please refer to guidelines)
If Yes, Biometric Residence card or Permit number:					
Valid From					Eg: DD/MM/YYYY
Valid To					Eg: DD/MM/YYYY
Home Office Share Code (Case Sensitive)					
HMRC Tax Code					
Are you registered with HMRC? (If No, please see guidance)	Yes		No		
10.100					

If YES :

HMRC Tax Check Code (case sensitive)

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PLEASE PROVIDE DETAILS OF ADDITIONAL DIRECTORS ON A SEPARATE SHEET

Vehicle Details									
Registration Number									
Number of passenger seats									
(Excluding Driver)	<u> </u>								
Vehicle Make									
Vehicle Model									
Vehicle Style (Delete as appropriate)	Saloon		Estate		MPV		Others:		
Vehicle Colour			<u>.</u>				•		
Emission Type (Delete as appropriate)	Diesel		Petrol		Hybrid		Ele	ectric	Others:
Date Vehicle first registered									Eg: DD/MM/YYYY
Will the vehicle be metered	Yes		Ň	0					
MOT Expiry Date									Eg: DD/MM/YYYY
Vehicle Inspection Pass									Eg: DD/MM/YYYY
Certificate date Will the vehicle be	Yes		<u> </u>		└───┤		/14	Vee	complete costion holew)
Wheelchair accessible	res			No			(II	res,	complete section below)
Booking Office Details for V	Vheel	chair	Acces	ssihl	e Ve	hicle	s (W		
Name & Address		Jilan		55161		more	.5 (11	~•)	
What day(s) will the vehicle be available for hire									
How many hours will the vehicle be available to hire									

## **Criminal Convictions**

The Rehabilitation of Offenders Act 1974 does not prevent the Council considering "spent" convictions for this type of license unless they are protected convictions. You should include any driving offences. This must also include any overseas convictions. Please note that it is an offence if you fail to disclose a conviction against you. If you have none, please state "NONE" in the box below. If you are unsure DO NOT PROCEED, obtain a disclosure certificate from Police Scotland or Disclosure (Scotland) to confirm your details and then you may wish to seek independent advice on the content.

Date	Court	Offence	Sentence				
··· ·							
		÷	tion makes any statement which he				
		·	lse in a material particular shall be				
guilty of an offence a	and liable, on summary	conviction, to a fine no	t exceeding £500.				

Checklist (Please tick box for all supportin	a doour	opto oubmittad)
Checkinst (Flease lick box for all supportin	g aocum	ents submitted)
Receipt of payment		
Passport (All Partners & Directors)		
Driver's License (Front & Back) - (All		
Partners & Directors)		
V5 (All Pages)		
MOT Pass Certificate		
Vehicle Inspection Pass Certificate		
Vehicle Insurance Certificate		
HMRC Check Code (Printed Document)		
Proof of Partnership Agreement (If Applicable)		
Biometric Card (Front & Back)		
(If Applicable)		
Home Office Check Code (Printed Document) - (If Applicable)		
Certificate of Good Conduct (if		
applicable)		

We want you to trust that your information is in safe hands, and that starts with helping you understand why we ask for data about you and how we manage it.

Read our privacy notice found at: <u>https://www.eastrenfrewshire.gov.uk/licensing-privacy-notice</u> for more information, alternatively you would like to access this in a different format, please contact: Chief Executives Business Unit, Licensing, Council HQ, Rouken Glen Road, Giffnock, G46 6UG

Name (Block Capitals)	
Signature	
Date	

I declare that the particulars given by me on this form are true and I hereby make application to East Renfrewshire Council for the grant or renewal of the licence applied for. All Partners/Directors/Managers named on this form must sign below:-

Name (Block Capitals)	
Signature	
Date	

Name (Block Capitals)	
Signature	
Date	

Name (Block Capitals)	
Signature	
Date	

Name (Block Capitals)	
Signature	
Date	

Name (Block Capitals)	
Signature	
Date	

Name (Block Capitals)	
Signature	
Date	

OFFICIAL USE											
Relevant documents submitted?			Y	Yes				No			
Droof of nour out out brottod?				Vee				No			
Proof of payment submitted?			ľ	Yes				No			
Date									Eg: DD/MM/YYYY		
Received									)		
Date									Eg: DD/MM/YYYY		
Processed											
Badge									Eg:	DD/MM/YYY`	(
Granted											