East Renfrewshire Council Civic Government (Scotland) Act 1982 Application for a Booking Office Licence

	New Application	Renewal
1 Year		
(Temporary)		
2 Years		
3 Years		

Please complete section relevant

Renewal ONLY – please provide Licence Number									
В	0	1							

Individual Detail	S							
Title	Mr	Mrs	Ms	Others:			D	elete as appropriate
First Name								
Surname								
Address & Postcode								
Contact Number								
Email Address								
Date of Birth					Eg: D	D/MM/	YYYY	(
Place of Birth								
Right to Work in	the UK							
Have you lived in Years?	the UK	for a per	iod of le	ess than 5	Yes		No	
Do you have the	right to v	work in th	ne UK?		Yes		No	(If No, please refer to guidelines)
If Yes, Biometric or Permit number		nce card						
Valid From								Eg: DD/MM/YYYY
Valid To								Eg: DD/MM/YYYY
Home Office Sha (Case Sensitive)		•						

Company Name Address & Postcode Company Registration Number Contact Number Email Address HMRC Tax Code (MUST BE COMPLETED BY EVERYONE) Are you registered with HMRC? (If No, please see guidance) If YES: HMRC Tax Check Code (case sensitive) All applicants please note - by signing this form (page 13) 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-your-tax-responsibilities-when-applying-for-a-taxi-private-hire-	Company Details								
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	guidance in relation to your tax regis	stration ol	bligations	s. Furthe	er inform	ation ca	n be obta	ained at	
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OFFICIAL SENSITIVE

Details of Directors											
Director Deta	ails										
Title	Mr	Mrs	Ms	Others:			Delete a	s appropriate			
First Name											
Surname											
Address & Postcode											
Contact Number Email Address											
Date of Birth					Eg: DD	/MM/YY	YY				
Place of Birth											
Right to Wor	k in the	UK									
Have you lived 5 Years?			period	of less tha	n Yes	١	No				
Do you have t	Oo you have the right to work in the UK? Yes No (If No, please refer to guidelines)										
If Yes, Biomet or Permit num		dence ca	rd [
Valid From								Eg: DD/MM/YYYY			
Valid To								Eg: DD/MM/YYYY			
Home Office S (Case Sensit		ode									
HMRC Tax Co	ode										
Are you regist	you registered with HMRC? Io, please see guidance) Yes No										
If YES :											
HMRC Tax Check Code (case sensitive)											
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Director Details													
Title	Mr	Mr	S	Ms	С	thers	S:			De	elete as	appro	opriate
First Name		•	•							·			
Surname													
Address & Postcode													
Contact Number Email Address													
Date of Birth								Eg: DD	/MM/	YYYY			
Place of Birth		<u> </u>		1									
Right to Work in the UK													
	d in the UK for a period of less than Yes No												
Do you have t	he righ	nt to wo	rk ir	the	UK?			Yes		No			, please refer to elines)
If Yes, Biomet or Permit num	netric Residence card												
Valid From												Eg:	DD/MM/YYYY
Valid To												Eg:	DD/MM/YYYY
Home Office S		Code											
HMRC Tax Code													
Are you registered with HMRC? (If No, please see guidance)													
If YES:													
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Director Details											
Title	Mr	Mrs	Ms	Others:			Delete a	s appropriate			
First Name											
Surname											
Address & Postcode											
Contact Number											
Email Address											
Date of Birth					Eg: DD	/MM/YY	ΥΥ				
Place of Birth											
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5 Years?											
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If Yes, Biomet or Permit num		dence ca	rd [
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Valid To								Eg: DD/MM/YYYY			
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HMRC Tax Code											
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If YES:											
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PLEASE PROVIDE DETAILS OF ADDITIONAL DIRECTORS ON A SEPARATE SHEET

Details of Partners											
Partner Details											
Title	Mr	Mrs	Ms	Others:			Delete a	as appropriate			
First Name											
Surname											
Address & Postcode											
Contact Number											
Email Address											
Date of Birth Eg: DD/MM/YYYY											
Place of Birth											
Right to Worl	in the	IIK									
Have you lived 5 Years?			period	of less tha	n Yes	N	0				
Do you have the right to work in the UK? Yes No (If No, please refer to guidelines)											
If Yes, Biomet or Permit num		dence ca	rd [
Valid From								Eg: DD/MM/YYYY			
Valid To								Eg: DD/MM/YYYY			
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Are you registered with HMRC? (If No, please see guidance)											
If YES:											
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OFFICIAL SENSITIVE

Partner Details															
Title	Mr	N	Mrs	Ms	C	Others	S:				Del	ete as	s app	ropri	iate
First Name															
Surname															
Address & Postcode															
Contact Number															
Email Address															
Date of Birth								Eg: DE)/MN	1/YY	ΥΥ				
Place of Birth	 			 											
Right to Work	in th	۵ I IK													
Have you lived 5 Years?				period	l of l	ess th	nan	Yes		N	lo				
Do you have the	ve the right to work in the UK? Yes No (If No, please refer to guidelines)														
If Yes, Biomet or Permit num		siden	ce ca	rd											
Valid From													Eg	j: DD/	/MM/YYYY
Valid To													Eg	j: DD/	/MM/YYYY
Home Office S		Code													
HMRC Tax Code															
Are you registe	Are you registered with HMRC? (If No, please see guidance)														
If YES:															
HMRC Tax Ch		ode													
HMRC guidan	ce in r ov.uk	elatio <mark>/guic</mark>	n to y lance	our ta	ax re	gistra	ation	obligat	ions.	Fu	ther	inforn	natior	n can	u are aware of be obtained at or-a-taxi-private-

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	c in the	lik											
Have you lived 5 Years?			period o	of less thai	n Yes	N	lo						
Do you have t	the right to work in the UK? Yes No (If No, please refer to guidelines)												
If Yes, Biomet or Permit num		dence ca	rd [
Valid From								Eg: DD/MM/YYYY					
Valid To								Eg: DD/MM/YYYY					
Home Office S (Case Sensiti		ode											
HMRC Tax Co	nde												
Are you registe	registered with HMRC? Yes No lease see guidance)												
If YES :				<u> </u>			-						
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HMRC guidan	ce in rel ov.uk/g	lation to y <mark>quidance</mark>	our tax	registratio	on obligatio	ns. Fur	ther info	rming that you are aware of ormation can be obtained at -applying-for-a-taxi-private-					

PLEASE PROVIDE DETAILS OF ADDITIONAL PARTNERS ON A SEPARATE SHEET

within a tenement property

Booking Licence							
Has any party named in the application held or currently hold a booking office Licence	Yes	No		(If Y	⁄es	, con	nplete section below)
Full name & Address of authority who granted Licence.							
Date it was granted							Eg: DD/MM/YYYY
Expiry Date							Eg: DD/MM/YYYY
Has any party named in the application been refused a booking office Licence	Yes	No	•	(If \	⁄es	s, com	nplete section below)
Full name & Address of authority who refused Licence.							
When was it refused							Eg: DD/MM/YYYY
Building Details							
Are you the owner of the premises	Yes	No		(If I	No,	com	plete section below)
Full name & Address of owner							
Is the premises situated	Yes	No					

Business Requirements			
Days of week when it is proposed to operate the booking office?			
Hours each day during which you require this Licence?			
How many taxi vehicles will you be taking bookings for from this premises?			
Will any incoming calls be diverted from these premises to a mobile/telephone or other electronic communication device outside these premises?	Yes	No	(If Yes, complete section below)
Please give details			

Policy Details			
Do you have a detailed written policy for dealing with customer complaints?	Yes	No	(If Yes, please provide copy)
Details of Third Party Liability Insurance Policy (including identity of insurance company, policy Number, amount of cover and date of renewal)	Yes	No	(If Yes, please provide copy)

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

N.B. Any person who in connection with the making of this application makes any statement which 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 not exceeding £500.

Checklist (Please tick box for all supporting	docum	ents submitted)
Receipt of payment		
Passport (All Partners & Directors)		
Driver's License (Front & Back) - (All Partners & Directors)		
HMRC Check Code (Printed Document)		
Third Party Liability Insurance Policy		
Members of the Public complaints Policy		
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: https://www.eastrenfrewshire.gov.uk/licensing-privacy-notice 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	

OFFICIAL SENSITIVE

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?			,	Yes				No			
Dra of of novem			- dO		٠,					No	
Proof of payment submitted?				es/	No		NO				
Data											,
Date									Eg:	DD/MM/YYYY	
Received											
Date	Date						Eg: DD/MM/YYYY			<i>(</i>	
Processed											
Badge									Eg:	DD/MM/YYY	
Granted									Ū		



East Renfrewshire Council Civic Government (Scotland) Act 1982 DISPLAY NOTICE

Grant	Renewal

Type of Licence Applied for		

I declare that an application as detailed above has been made to East Renfrewshire Council.

A copy of the application form lodged with East Renfrewshire Council is displayed opposite.

Any objection or representation relating to the application should be made to the Chief Officer – Legal & Procurement, East Renfrewshire Council, Licensing Section, Council Headquarters, Eastwood Park, Rouken Glen Road, Giffnock, G46 6UG.

Objections to be					e.g DD/MM/YYYY (21 days
submitted by:					from when the application
					has been logged)

Any objection or representation must be in writing and:

- Must specify the ground of the objections or the nature of the presentation
- Must specify the name and address of the person making it
- Must be signed by him/her or on his behalf

Such a representation shall be considered to have been made within the period referred to if it is delivered by hand within that period or posted (by registered or recorded delivery post) so that in the normal course of post it might be expected to be delivered within that period.

It should also be noted that where an objection or representation is made to the Council after the date referred to but before a final decision is taken on the application, it is competent for the Council to entertain if it is satisfied that there is sufficient reason why the objection or representation was not made within the period of time stated.

Name (Block Capitals)	
Signature	
Date	

This site notice must be displayed for the whole of the period of 21 days at, or near, the premises so that it can be conveniently read by the public.

East Renfrewshire Council Civic Government (Scotland) Act 1982 CERTIFICATE OF COMPLIANCE



Name of Applica	ınt						
Time of Lineans	Analiad fan						
Type of Licence	Applied for						
I, hereby certify t	that the Notice	(as per ove	erleaf) h	as bee	n pos	sted a	t or near the premises at:
Address of prem	nises						
l							
Displayed From							e.g DD/MM/YYYY
Displayed To							e.g DD/MM/YYYY
0 1 - 1 - 1 - 1	-l- ! f				l. 0/	0\ -£ (Dala adada 4 4 4 4 5 ada ada ada 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
Containing su	cn information	as is requir	ea by p	aragra	pn 2(3) OT 3	Schedule 1 to the above Act.
Nama (Plac	k Capitala)						
Name (Bloc	к Сарпаіз)						
Signa	ature						
Da	te						

Please complete this side of the form after the 21 days date and return to this office:

East Renfrewshire Council, Licensing Section, Eastwood HQ, Eastwood Park, Rouken Glen Road, Giffnock, East Renfrewshire, G46 6UG