

# BOOKING OFFICE

## Application for grant of a Taxi/PHC Booking Office licence

**PLEASE READ THE NOTES CAREFULLY BEFORE COMPLETING THIS FORM. ALL QUESTIONS MUST BE ANSWERED**

We can only accept electronic forms and payments. You should upload your completed application form all required supporting documentation and make payment, by debit or credit card only, using the link below:

[Taxi and PHC submission form](#)

### CHECKLIST

This checklist must be fully completed in order to submit your application.

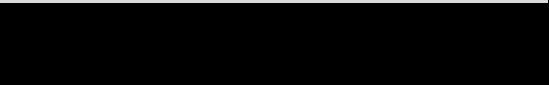
Application Type - please tick ✓	NEW <input type="checkbox"/>	RENEWAL <input type="checkbox"/> *	
*Current licence no:		*Expiry date:	
I have provided the following - please tick ✓			
Fully completed application form	<input type="checkbox"/>		
Layout plan of the premises	<input type="checkbox"/>	<i>Required for new and renewal licence applications</i>	
The relevant application fee	<input type="checkbox"/>	<b>Note:</b> application fees are non refundable	

### APPLICANT DETAILS

Who will the licence holder be - please tick ✓:

Company*	<input type="checkbox"/>	*You must provide all information requested in <b>Parts B, C</b> and also <b>Part D</b> below Please also note that when the licence is to be held in the name of a company or partnership, <u>documentary proof</u> of the existence of the company/partnership <u>must</u> accompany the application form
Limited Company*	<input type="checkbox"/>	
Partnership*	<input type="checkbox"/>	
Individual	<input type="checkbox"/>	You must provide all the information requested in <b>Part A</b> below. <b>Part D</b> should only be completed if you have appointed someone to manage your Booking office premises on a day to day basis for you.

Part A			
First name/s			
Surname			
Maiden/Previous name			
Date of Birth		Place of Birth	
Home address			
Postcode			
Contact phone no			
Contact email address			

Part B	
Company Number	
Company/Partnership name	
Registered/Company Address	
Postcode	
Contact no	
Contact email address	

PART C - Please provide details of <u>all</u> Directors or Partners			
First name(s)			
Surname			
Maiden / Previous Name			
Designation			
Date of birth		Place of birth	
Home Address			
Postcode			

Contact Phone No			
Contact email address*			
First name(s)			
Surname			
Maiden / Previous Name			
Designation			
Date of birth		Place of birth	
Home Address			
Postcode			
Contact Phone No			
Contact email address*			
First name(s)			
Surname			
Maiden / Previous Name			
Designation			
Date of birth		Place of birth	
Home Address			
Postcode			
Contact Phone No			
Contact email address*			
<b><i>Please provide details of any further directors/partners/trustees on a separate sheet</i></b>			

**PART D - DAY TO DAY MANAGER** – please provide details of anyone appointed to manage the booking Office on a day-to-day basis. (this person will also be named on the licence document)

First name(s)			
Surname			
Maiden / Previous Name			
Designation			
Date of birth		Place of birth	
Home Address			
Postcode			
Contact Phone No			
Contact email address*			

**HMRC TAX CHECK** – please tick (✓) the statement that applies to you

**Statement A**        I am submitting a new licence application and have not held the same licence elsewhere within the last 12 months\*.

\*Please ensure you read the [HMRC Tax Guidance](#), then sign the following declaration:

I have read and understood the HMRC Tax Responsibilities and am aware of my tax obligations. I acknowledge that I will have to provide an online tax check code on any subsequent renewal applications

**signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**Statement B**        I am submitting a licence application and have held the same licence elsewhere within the last 12 months

\*Please follow the instructions below to generate a 'Tax Check Code'

- a Use your Government Gateway User ID and Password to access the HMRC Tax Check Service. If you do not have one go to GOV.UK and [create a Government Gateway User ID](#) .
- b Complete an HMRC Tax Check, and create a 9 character Tax Check Code
- c Enter your 9 character Tax check code in the boxes below:

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**PREMISES TO BE LICENCED**

Name of premises/Trading name			
Address of premises			
Postcode			
Contact phone no			
Contact email address			
Proposed Operating Hours	Day	Hours – 24 hr format	
Estimated number of Taxi and Private Hire Cars for which bookings will be accepted			
Type of Booking system to be held i.e. computer based/manual records			

**DETAILS OF CONVICTIONS**

Subject to the Rehabilitation of Offenders Act 1974 if the applicant, the day-to-day manager, or any director or partner named in this application has been convicted of any crime or offence in any court in the United Kingdom, please provide details below.

Please note that it is an offence if you fail to disclose a conviction against you

**NOTE - If you have no convictions, you must write "NONE"**

Date*	Court*	Offence*	Sentence*

**\* Continue on a separate sheet if necessary**

## APPLICANTS DECLARATION

Any person who, or 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, shall be guilty of an offence and liable, on summary conviction, to a fine not exceeding £2,500

I/We confirm that that in submitting this application I consent to the information supplied by me in making this application ("data") being held and processed by the City of Edinburgh Council ("the Council") for its purposes as licensing authority. I understand that data will be disclosed to the Police and other public bodies involved with licensing processing and enforcement, Immigration/Home Office, or National Fraud Initiatives. I understand that the Council is required to enter the data on to its electronic Register of Applications which may be inspected by members of the public

I/We further certify that I/We will comply with paragraph 2(2) of schedule 1 of the Civic Government (Scotland) Act 1982, OR I/We certify that is not possible to comply with paragraph 2(2) of Schedule 1 of the said last mentioned Act because I/we have no rights of access to the premises but that I/we have taken reasonable steps to acquire rights of access and have been unable to do so

I/We hereby make application for a licence and confirm that:

- (a) The particulars given by me/us on this form are true to the best of my/our knowledge and belief
- (b) I/We have read and understood HMRC Tax Responsibilities and are aware of our tax obligations
- (c) I/We have read and understand the standard conditions of licence and acknowledge that these will be attached to any licence granted to me/us

I confirm the above declaration is true

SIGNATURE OF APPLICANT OR SOLICITOR/AGENT <i>(select as appropriate)</i>		Date
<b>Print name</b>		
<b>Address of solicitor/Agent</b> <i>(if signed by Solicitor/Agent)</i>		

CORRESPONDENCE DETAILS	
Correspondence name	
Address	
Postcode	
Contact phone no	
email address	