

# TAXI / PHC VEHICLE (RENEWAL)

## Application for renewal of a Taxi / Private Hire Car (PHC) vehicle licence

This application form must be fully completed and submitted electronically, together with all required supporting documentation and the appropriate fee, to the Licensing Section using our Taxi & Private Hire Car licensing [online submission form](#) Further information is also available on our website at [www.edinburgh.gov.uk](http://www.edinburgh.gov.uk)

- ALL QUESTIONS MUST BE ANSWERED IN TYPESCRIPT OR BLOCK CAPITALS
- IF YOU HAVE NOTHING TO RECORD, YOU MUST STATE “NOT APPLICABLE” OR “NONE”
- PLEASE READ THE NOTES CAREFULLY BEFORE COMPLETING THIS FORM
- IF YOU HAVE EVER HAD A LICENCE OF ANY TYPE YOU MUST STATE THE REFERENCE NO. (ON ORIGINAL DOCUMENTATION HERE) \_\_\_\_\_

LICENCE RENEWAL APPLIED FOR – <i>please complete all parts</i>			
Application type - <i>please tick</i> ✓: Taxi <input type="checkbox"/> Private Hire Car <input type="checkbox"/>			
Does this application include a change of vehicle? No <input type="checkbox"/>			
		Yes* <input type="checkbox"/>	<i>*You must also fully complete part 6 below</i>
Vehicle plate number			
Current licence number		Expiry date – dd/mm/yyyy	/ /

PART 1 – APPLICANT DETAILS - <i>to be completed if the licence is to be held by an individual</i>			
1.1	Full name		
1.2	Maiden/Previous name		
1.3	Date of Birth	Place of Birth	
1.4	Home address		
	Postcode		
1.5	Home phone no		
1.6	Mobile phone no		

1.7	contact email address	
Are you Self Employed		YES <input type="checkbox"/> <i>please provide your unique tax reference number at 1.7</i>
1.8	Unique Tax Reference Number	

**PART 2 - TO BE COMPLETED IF THE APPLICANT IS NOT AN INDIVIDUAL – i.e. Company or Partnership**

note: When the licence is to be held in the name of a company or partnership and a day to day manager, documentary proof of the existence of the company/partnership must accompany the application form.

**please tick ✓:**

2.1	Partnership	<input type="checkbox"/>	Limited Company	<input type="checkbox"/>	Company number	
2.2	Company/Partnership name					
2.3	Registered/Company Address					
	Postcode					
2.4	Contact no					
2.5	Contact email address					

**Please provide details of all Directors/Partners**

2.6	Full name					
2.7	Designation					
2.8	Maiden/Previous name					
2.9	Date of Birth			Place of Birth		
2.10	Home address					
	Postcode					
2.11	Home phone no					
2.12	Mobile phone no					
2.13	Contact email address					
2.14	Full name					
2.15	Designation					

2.16	Maiden/Previous name			
2.17	Date of Birth		Place of Birth	
2.18	Home address			
	Postcode			
2.19	Home phone no			
2.20	Mobile phone no			
2.21	contact email address			
2.22	Full name			
2.23	Designation			
2.24	Maiden/Previous name			
2.25	Date of Birth		Place of Birth	
2.26	Home address			
	Postcode			
2.27	Home phone no			
2.28	Mobile phone no			
2.29	contact email address			
<b><i>Please provide details of any further directors or partners on a separate sheet</i></b>				

**PART 3 – DAY TO DAY MANAGER** – *please provide details of anyone appointed to manage the business on a day to day basis (note this person will also be named on the licence document)*

3.1	Full name			
3.2	Designation			
3.3	Maiden/Previous name			
3.4	Date of Birth		Place of Birth	
3.5	Home address			

	Postcode	
3.6	Home phone no	
3.7	Mobile phone no	
3.8	Contact email address	
3.9	Unique Tax Reference Number	

#### PART 4 – DETAILS OF CONVICTIONS

Subject to the Rehabilitation of Offenders Act 1974, as amended by the Rehabilitation of Offenders Act 1974 (Exclusions and Exceptions) (Scotland) Order 2013 and the Rehabilitation of Offenders Act 1974 (Exclusions and Exceptions) (Scotland) Amendment Order 2015.

**Please state below all (a) convictions (including traffic offences) against any of the applicants within any Court in the United Kingdom and (b) Fixed Penalties, Conditional Offers, Procurator Fiscal Fines and Cautions against any of the applicants received in the United Kingdom.**

**Please note that this applies to spent convictions unless these are protected convictions**

**If you are in any doubt please obtain your own legal advice**

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

**If you have none, you must state “NONE” in the box below**

Date*	Court*	Offence*	Sentence*

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

**PART 5 – CURRENTLY LICENCED VEHICLE DETAILS – please complete all parts for the vehicle currently licenced**

5.1	What emissions standard is the vehicle	LPG	<input type="checkbox"/>			
		Euro 4*	<input type="checkbox"/>			
		Euro 5*	<input type="checkbox"/>			
		Euro 6	<input type="checkbox"/>			
		Electric	<input type="checkbox"/>			
5.2	Are you and the vehicle currently exempt from the following	Taxi condition 256	No	<input type="checkbox"/>	Yes	<input type="checkbox"/> *
		PHC condition 303	No	<input type="checkbox"/>	Yes	<input type="checkbox"/> *

*\*Please provide details of any exemption below*

Date exemption granted:	/ /	
Exemption details		

Registration number		Date of first registration	/ /
Make			
Model			
Colour			
CC rating		Seating Capacity	
		Number of doors	
Chassis No			

5.3	Address at which licensed vehicle will be kept	
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	Postcode	
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5.4	Does the vehicle currently have any Safety Cameras installed	Yes	<input type="checkbox"/> *	No	<input type="checkbox"/>
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*\*Please provide details of the type of equipment installed - please tick ✓*

5.5	Front Facing Camera	<input type="checkbox"/>
5.6	Make	
5.7	Model	
5.8	Serial Number	
5.9	Location of equipment within the vehicle	

5.10	Safety Camera	<input type="checkbox"/>
5.11	Make	
5.12	Model	
5.13	Serial Number	
5.14	Location of equipment within the vehicle	
5.15	Data Controller	
5.16	ICO Registration number	

**PART 6 – REPLACEMENT VEHICLE DETAILS – only complete this section if your application includes a change of vehicle**

6.1	What emissions standard is the vehicle	LPG	<input type="checkbox"/>	
		Euro 5	<input type="checkbox"/>	
		Euro 6	<input type="checkbox"/>	
		Electric	<input type="checkbox"/>	

Registration number		Date of first registration	/ /
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Make	
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Model	
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Colour	
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CC rating		Seating Capacity		Number of doors	
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Chassis No	
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6.2	Address at which licensed vehicle will be kept	
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	Postcode	
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6.3	Does the vehicle currently have any Safety Cameras installed	Yes <input type="checkbox"/> * No <input type="checkbox"/>
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*\*Please provide details of the type of equipment installed - please tick ✓*

6.4	Front Facing Camera	<input type="checkbox"/>
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6.5	Make	
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6.6	Model	
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6.7	Serial Number	
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6.8	Location of equipment within the vehicle	
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6.9	Safety Camera	<input type="checkbox"/>
6.10	Make	
6.11	Model	
6.12	Serial Number	
6.13	Location of equipment within the vehicle	
6.14	Data Controller	
6.15	ICO Registration number	

In making this application you should be aware that the City of Edinburgh Council will hold the information supplied by you ('data') for its purposes as local licensing authority. If you wish to check or amend the data held, or request deletion of data, you should contact the Licensing Manager on the details above. In processing the data it will be disclosed to the police and other public bodies involved with licensing enforcement or National Fraud Initiatives. By submitting this application, you are giving your consent for your information to be held and processed for the stated purposes

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 particular, shall be guilty of an offence and liable, on summary conviction, to a fine not exceeding £2,500.

I/We hereby make application for a licence in the above terms and certify that the information given is true and correct.

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.

Signature of Applicant / Agent <i>(delete as appropriate)</i>	Date
	/ /
Address of Agent: <i>(If signed by Agent)</i>	

<b>PART 7 – CORRESPONDENCE DETAILS</b> – <i>please provide details of where all correspondence relating to this application should be sent</i>		
7.1	correspondence name	
	Address	
	Postcode	
7.2	contact phone no	
7.3	email address	