

# BOOKING OFFICE

Application for Variation of a Taxi/PHC Booking Office licence

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](#)

**PART 1 - CURRENT LICENCE DETAILS - please tick ✓:**

|                    |  |             |  |
|--------------------|--|-------------|--|
| Current Licence no |  | Expiry date |  |
|--------------------|--|-------------|--|

**PART 2 –VARIATION REQUESTED - please tick ✓:**

Change the day to day Manager  **You must fully complete *Parts 3,4, 7, 8, 9 & 10 of this form***  
*Note - a site notice must also be displayed at or near the premises for a period of 21 days from the date you submit your application to change the day to day manager*

Change the current operating hours  **You must fully complete *Parts 3,5, 7, 8, 9 & 10 of this form***

Change the number of Taxi and PHC vehicles for which bookings will be accepted  **You must fully complete *Parts 3,6, 7, 8, 9 & 10 of this form***

Other \*  **You must provide details of the variation requested below, and fully complete *Parts 3, 7, 8, 9 & 10 of this form***

*\*Details of variation requested*

**PART 3 - LICENCEHOLDER DETAILS**

Who is the current licence holder - **please tick ✓**:

|                 |                          |  |
|-----------------|--------------------------|--|
| Company         | <input type="checkbox"/> | <i>You must provide all information requested in <b>Part A</b> below</i>     |
| Limited Company | <input type="checkbox"/> |  |
| Partnership     | <input type="checkbox"/> |  |
| Individual      | <input type="checkbox"/> | <i>You must provide all the information requested in <b>Part B</b> below</i> |

**A - COMPANY/PARTNERSHIP LICENCE HOLDER DETAILS**

|                            |  |  |
|----------------------------|--|--|
| Company Number             |  |  |
| Company/Partnership name   |  |  |
| Registered/Company Address |  |  |
| Postcode                   |  |  |
| Contact no                 |  |  |
| Contact email address      |  |  |

**B - INDIVIDUAL LICENCE HOLDER DETAILS**

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

**PART 4 – CHANGE OF DAY TO DAY MANAGER**

Confirm the position of the Existing Day to Day Manager - **please tick one box only** ✓:

|  |                            |   |
|--|----------------------------|---|
| The individual currently named on the licence is no longer acting as the Day to Day Manager                                      | <input type="checkbox"/> * |   |
| *Please provide the date of this change (dd/mm/yyyy)   | /                          | / |
| The individual currently named on the licence will stop acting as the Day to Day on successful determination of this application | <input type="checkbox"/>   |   |

**4.A - REPLACEMENT DAY TO DAY MANAGER DETAILS**

|                       |  |                |  |
|-----------------------|--|----------------|--|
| First name/s          |  |                |  |
| Surname               |  |                |  |
| Designation           |  |                |  |
| Maiden/Previous name  |  |                |  |
| Date of Birth         |  | Place of Birth |  |
| Home address          |  |                |  |
| Postcode              |  |                |  |
| Home phone no         |  |                |  |
| Mobile phone no       |  |                |  |
| Contact email address |  |                |  |

**PART 5 – CHANGE OF OPERATING HOURS**

| Current Operating Hours  | Day | Hours – 24 hr format |
|--------------------------|-----|----------------------|
|                          |     |                      |
|                          |     |                      |
|                          |     |                      |
| Proposed Operating Hours | Day | Hours – 24 hr format |
|                          |     |                      |
|                          |     |                      |
|                          |     |                      |

**PART 6 – CHANGE THE NUMBER OF VEHICLES FOR WHICH BOOKINGS WILL BE ACCEPTED**

|  |  |  |
|--|--|--|
| Current number of Taxi & PHC vehicles for which bookings will be accepted  |  |  |
| Proposed number of Taxi & PHC vehicles for which bookings will be accepted |  |  |

**PART 7 - DETAILS OF CONVICTIONS**

Subject to the Rehabilitation of Offenders Act 1974 if the applicant or the day-to-day manager 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**

**PART 8 - APPLICANTS DECLARATION**

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 to vary a licence in the above terms 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 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

**PART 9 - SIGNATURE OF APPLICANT OR SOLICITOR/AGENT** *(delete as appropriate)*

**Date**

**Print name**

**Address of solicitor/Agent**  
*(if signed by Solicitor/Agent)*

**PART 10 – CORRESPONDENCE DETAILS** – *provide details of where all correspondence relating to this application should be sent*

|                          |  |
|--------------------------|--|
| Correspondence full name |  |
| Address                  |  |
| Postcode                 |  |
| contact phone no         |  |
| email address            |  |