

**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)		Renewal ONLY – please provide Licence Number			
1 Year (Temporary)			Taxi Licence (TL)		Private Hire Car (PHC)			
2 Years					Taxi Driver (TL)			
3 Years								

Your 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																			
Have you lived in the UK for a period of less than 5 Years?	Yes		No																
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:	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																		
Valid From										Eg: DD/MM/YYYY									
Valid To										Eg: DD/MM/YYYY									
Home Office Share Code (Case Sensitive)	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																		

HMRC Tax Check Code					
Are you registered with HMRC? (If No, please see guidance)	Yes		No		
If YES :					
HMRC Tax Check Code (case sensitive)					
<p>All applicants please note - by signing this form (page 4) 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-or-scrap-metal-licence.</p>					

Vehicle Details							
Registration Number							
Number of passenger seats (Excluding Driver)							
Vehicle Make							
Vehicle Model							
Vehicle Style (Delete as appropriate)	Saloon	Estate	MPV	Others:			
Vehicle Colour							
Emission Type (Delete as appropriate)	Diesel	Petrol	Hybrid	Electric	Others:		
Date Vehicle first registered							Eg: DD/MM/YYYY
Will the vehicle be metered	Yes		No				
MOT Expiry Date							Eg: DD/MM/YYYY
Vehicle Inspection Pass Certificate date							Eg: DD/MM/YYYY
Will the vehicle be Wheelchair accessible	Yes		No	(If Yes, complete section below)			
Booking Office Details for Wheelchair Accessible Vehicles (WAV)							
Name & Address							

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 documents submitted)	
Receipt of payment	
Passport	
Driver's License (Front & Back)	
V5 (All Pages)	
MOT Pass Certificate	
Vehicle Inspection Pass Certificate	
Vehicle Insurance Certificate	
HMRC Check Code (Printed Document)	
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 USE									
Relevant documents submitted?				Yes				No	
Proof of payment submitted?				Yes				No	
Date Received								Eg: DD/MM/YYYY	
Date Processed								Eg: DD/MM/YYYY	
Badge Granted								Eg: DD/MM/YYYY	