**FOR OFFICIAL USE ONLY**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date Received | Received By | Fee Paid | Passed to Police | Date Police Reply | Decision |
|  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | FEE £315 | | |
| **NORTH LANARKSHIRE COUNCIL**  **Civic Government (Scotland) Act 1982** | | | | | |
| ***Application for Grant of a Taxi/Private Hire Booking Office Licence*** | | | | |

**PART 1**

**N.B. Both Parts of form must be completed**

EACH QUESTION IN RELEVANT SECTIONS SHOULD BE ANSWERED (IN BLOCK CAPITALS AND BLACK INK)

|  |  |  |
| --- | --- | --- |
| **APPLICANT** | | |
| COMPLETE SECTION (A) OR (B) OR (C) AS APPROPRIATE | | |
| **(A) SINGLE APPLICANT** | Full Name (BLOCK LETTERS) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Home Address | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Daytime Telephone Number | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Date and Place of Birth | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **(B) CO-PARTNERSHIP** | Full Name, Address, Date and Place of Birth of each Partner and of any Other Person | |
| **APPLICANTS** | Responsible for Management | |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | Address of Principal Office | |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  |  | |
| **(C) COMPANY OR FIRM** | Name of Company or Firm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **APPLICANTS** | Address of Registered or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | Principal Office \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | Full Name, Address, Date and Place of Birth of Each Director  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  |  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **OTHER MANAGEMENT** | | | | | | | |
|  |  |  |  | |  | |  |
| Will the Applicant Wholly run or carry out the Day-to-day YES |  |  | NO | |  | |  |
| Management of the Business? |  | ***Please tick as appropriate*** | |  | |  | |
|  | | | | | | | |
| If NO, give the Full Name, Address, Date and Place of Birth or any Employee or Agent who it is Proposed will run or assist in | | | | | | | |
| running the business or who will carry out or assist in carrying out the day-to-day management of the business. | | | | | | | |
|  | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
|  | | | | | | | |

|  |
| --- |
|  |

**AREA OF OPERATION**

Within which area of North Lanarkshire are your premises based - “North, South, or Central”? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
|  |
|  |
| **PREMISES** |
| Name and Address of Premises for which the licence is required. **Please note a layout plan of the premises must be submitted with this application.**  How many taxi vehicles will you be taking bookings for from these premises? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  How many private hire vehicles will you be taking bookings for from these premises? ­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Will any incoming calls be diverted from these premises to a mobile telephone  or other electronic communications device outside these premises? ­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If YES, please give details (continue on a separate sheet if necessary) ­­­­­­­­­­­­­­­­­­­­­) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Do you have a detailed written policy for dealing with complaints  From members of the public? ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If YES, please submit a copy with this application.  Details of Third Party Liability Policy (including identity  of Insurance company, policy number, amount of cover  and date of renewal) – see guidance note attached ­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
|  |
| **OTHER INFORMATION** |
| Has the applicant or any person named in the application been continuously resident in the United Kingdom for the past 10 years? ‘Yes’ or ‘No’ ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If not, please provide details of all addresses that the relevant person(s) has lived at during this time which were outside the UK.  NB. If the applicant or any person named in the application has not been continuously resident in the UK for the past 10 years that person will require to submit further information in relation to criminal convictions. Please see Part 2  Has the applicant or any person named in the application ever applied for and been refused a licence for the same or similar type of activity? ‘Yes’ or ‘No’ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If ‘Yes’ when were they refused? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ For which type of activity were they refused? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Which Authority refused the licence? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**PLEASE COMPLETE PART 2.PART 2**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CONVICTIONS** | | | | | |
| Has the applicant or any person named in the application ever been convicted of any crime or offence?  Please answer "Yes" or "No".  Has the applicant or any person named in the application ever been offered, and accepted, a fixed penalty (i.e. a conditional offer from the Procurator Fiscal under s.302 of the Criminal Procedure (Scotland) Act 1995 or a fixed penalty in respect of any road traffic matter) in respect of any offence or alleged offence?  Please answer "Yes or "No"  **It is ESSENTIAL that the applicant and/or any person named in the application disclose all previous convictions and fixed penalties in the box below. This means convictions for offences of any nature (For example - assault, breach of the peace, theft, road traffic offences, etc.) In addition any offence for which the applicant or any person named in the application were admonished or received an absolute discharge requires to be disclosed. Finally, any fixed penalty which has been accepted in respect of any offence or alleged offence must be disclosed.** | | | | | |
| DATE (if known) | COURT | | OFFENCE | | SENTENCE |
|  |  | |  | |  |
|  | | | | | |
| **PLEASE NOTE IF THE APPLICANT OR ANY PERSON NAMED IN THE APPLICATION HAS NOT BEEN CONTINUOUSLY RESIDENT IN THE UK FOR THE PAST 10 YEARS THAT PERSON NEEDS TO OBTAIN A CERTIFICATE OF GOOD CONDUCT FROM THE JUSTICE AUTHORITY (OR AUTHORITIES) OF THE COUNTRY (OR COUNTRIES) IN WHICH THEY RESIDED ALONG WITH AN OFFICIAL TRANSLATION. THESE DOCUMENTS SHOULD BE SUBMITTED WITH THIS APPLICATION FORM.**  **I DECLARE THAT ALL THE PARTICULARS GIVEN BY ME ON PART 1 AND PART 2 OF THIS FORM ARE TRUE AND HEREBY CONSENT TO THE COUNCIL CARRYING OUT SUCH BACKGROUND ENQUIRIES AS THEY CONSIDER NECESSARY TO ASCERTAIN MY SUITABILITY AS AN APPLICANT.** | | | | | |
| Signatures  Date | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| NOTE: WHERE A CO-PARTNERSHIP, EACH PARTNER SHOULD SIGN. IF A FIRM, EACH NAMED DIRECTOR SHOULD SIGN. | | | | | |
| N.B. ANY PERSON WHO IN 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. **FAILURE TO DISCLOSE A CONVICTION MAY RESULT IN YOUR APPLICATION BEING REFUSED**. | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
| **DATA PROTECTION ACT 1998** | | | | | |
| This authority is under a duty to protect funds it administers, and to this end may use the information you have provided on this form within this authority for the prevention and detection of fraud. It may also share this information with other bodies administering public funds solely for these purposes. | | | | | |