**FOR OFFICIAL USE ONLY**

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| --- | --- | --- | --- | --- | --- |
| Date Received | Received By | Fee Paid | Passed to Police | Date Police Reply | Decision |
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|  |  |  |  | FEE £485 | | |
| **NORTH LANARKSHIRE COUNCIL**  **Civic Government (Scotland) Act 1982** | | | | | |
| ***Application for Grant of a Taxi Operator 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  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
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| **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. | | | | | | | |
|  | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
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**AREA OF OPERATION**

Within which area of North Lanarkshire are you intending to operate - “North, South, or Central”? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  |
| **PREMISES** |
| Address of Premises where Vehicle is to be Kept |
|  |
|  |
| **OTHER INFORMATION** |
| Have you been continuously resident in the United Kingdom for the past 10 years? ‘Yes’ or ‘No’ ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If not, please provide details of all addresses you have lived at during this time which are outside the UK.  NB. If you have not been continuously resident in the UK for the past 10 years you will require to submit further information in relation to criminal convictions. Please see Part 2  Have you ever applied for and been refused a licence for the same or similar type of activity? ‘Yes’ or ‘No’ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If ‘Yes’ when were you refused? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ For which type of activity were you refused? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Which Authority refused you a licence? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**PLEASE COMPLETE PART 2.PART 2**

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| --- | --- | --- | --- | --- | --- |
| **CONVICTIONS** | | | | | |
| Have you ever been convicted of any crime or offence?  Please answer "Yes" or "No".  Have you 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 you 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 you were admonished or received an absolute discharge requires to be disclosed. Finally, any fixed penalty which you have accepted in respect of any offence or alleged offence must be disclosed.** | | | | | |
| DATE (if known) | COURT | | OFFENCE | | SENTENCE |
|  |  | |  | |  |
|  | | | | | |
| **PLEASE NOTE IF YOU HAVE NOT BEEN CONTINUOUSLY RESIDENT IN THE UK FOR THE PAST 10 YEARS YOU NEED TO OBTAIN A CERTIFICATE OF GOOD CONDUCT FROM THE JUSTICE AUTHORITY (OR AUTHORITIES) OF THE COUNTRY (OR COUNTRIES) IN WHICH YOU 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**. | | | | | |
|  | | | | | |
| PLEASE ENSURE THAT YOU HAVE COMPLETED ALL THE QUESTIONS.  THIS FORM SHOULD BE COMPLETED AND RETURNED TO:  THE LICENSING SECTION, NORTH LANARKSHIRE COUNCIL, CIVIC CENTRE, MOTHERWELL  **PLEASE REMEMBER TO ENCLOSE THE FOLLOWING WITH THE APPLICATION FORM:-**   1. **Cheque or Postal Order for the relevant fee (NON REFUNDABLE). Cheques made payable to North Lanarkshire Council** 2. **A certificate of good conduct (if applicable).**   ***ANY ENQUIRIES SHOULD BE MADE TO THE LICENSING SECTION TEL: 302386/302548/302193*** | | | | | |
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| **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. Further information can be found by searching for “National Fraud Initiative” on the Council’s website. | | | | | |