

**ABERDEEN CITY COUNCIL**

**CIVIC GOVERNMENT (SCOTLAND) ACT 1982**

**APPLICATION FOR THE GRANT/RENEWAL OF A  
TAXI LICENCE**

**COMPANY OR PARTNERSHIP**

**EACH QUESTION MUST BE ANSWERED**

<p>1. Full Name of Company or Partnership (Block Letters).</p>					
<p>2. Address of Registered or Principal Office.</p>					
<p>Telephone Number (if any).</p>					
<p>3. Full names, addresses and dates of birth of all directors, partners or other persons responsible for the management of the business.</p>					
<p>Registration Number of Company</p>					
<p>4. Full name, address and date of birth of the employee or agent who is to carry on the day to day management of the business.</p> <p>Note: this person will be a joint licenceholder in terms of the 1982 Act and if changed in future a fresh Grant of the licence will be required</p>					
<p>5. (a) Type of licence applied for? (Enter FULL or TEMPORARY)</p>	(a)				
<p>(b) Whether for grant or renewal? (Enter GRANT or RENEWAL)</p>	(b)				
<p>(c) If renewal state number, and expiry date of current licence.</p>	(c) Plate Number:			Expiry Date:	
<p>6. Particulars of vehicle to be licensed.</p>	Registration Number				
	Date of First Registration				
	Chassis Number				
	Make	Model	No. of Doors	Colour	CC Rating

7. Name and Address of Registered Keeper.	
8. If legal owner of vehicle is a Finance or Leasing Company, give name and address.	
9. Address of premises where vehicle is to be kept.	
10. During what hours and on what days will the vehicle be available for hire?	
11. Have any convictions (including any spent convictions as defined in the Rehabilitation of Offenders Act 1974) been recorded against any person named in answers 3, 4 and 5? (Enter YES or NO only).	

I declare that the particulars given by me on this form are true and I hereby make application to Aberdeen City Council for the grant or renewal of the licence applied for.

Date : \_\_\_\_\_

Signature of Applicant or Agent: \_\_\_\_\_

Agent's Address: \_\_\_\_\_

\_\_\_\_\_

**NB.** Any person who in connection with the making of this application makes any statement which he/she knows to be false or recklessly makes any statement which is false in a material particular may be guilty of an offence.

**OFFICE USE ONLY**

Date Received:

Fee Paid:

Receipt Number:

When completed, this form should be returned to Office of City Solicitor, Resources Management, Aberdeen City Council, Town House, Aberdeen, AB910 1AQ with the appropriate fee. Cheques should be made payable to "Aberdeen City Council".

For assistance in completing the form, please telephone Licensing Enquiries on (01224) 522 377.

**DATA PROTECTION ACT 1998**

Aberdeen City Council (the Data Controller) will process the information on this form for the purpose of granting or refusing this application. The information will be disclosed to Grampian Police and may also be circulated to Grampian Fire and Rescue Service and/or Strategic Leadership and Neighbourhood Services (Central Area), Aberdeen City Council for their statutory interest and to any other relevant body. It may also be intimated to the H M Revenue & Customs. The information will also be held on a public register which will be available to members of the public on request.