

**For Official use only**

Date received	
Receipt No.	

**REQUEST FOR CONSENT TO MATERIAL CHANGE
IN CIRCUMSTANCES OR ALTERATION OF
CIVIC GOVERNMENT (SCOTLAND) ACT, 1982 LICENCE
TAXI/PRIVATE HIRE DRIVER, TAXI OPERATOR, PRIVATE HIRE OPERATOR
LICENCE**

Effective 1 April 2024

PLEASE COMPLETE IN BLOCK CAPITALS

Question 1 – Licence holder details		
Licence holder name		
Licence holder address		
	Postcode	
Contact telephone number		
Email address		
Question 2 – Licence Details		
Type of Licence held	Taxi/Private Hire Driver <input type="checkbox"/> Taxi Operator <input type="checkbox"/> Private Hire Operator <input type="checkbox"/>	
Licence Number		

Question 3 – Variation Details			
Do you wish to remove someone from your licence?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/a <input type="checkbox"/>		
If “yes”, please provide full details of the person to be removed.	Surname		
	Forename/s		
Do you wish to add someone to your licence?	Yes <input type="checkbox"/> No <input type="checkbox"/> Na <input type="checkbox"/>		
If “yes”, please provide full details of the person to be added.	Surname		
	Forename/s		
Private Home Address including postcode			
	Postcode		
Telephone Number	Home		
	Mobile		
	E-mail		
Date and place of birth	Years	Date of Birth	Place of Birth

Does he/she have any convictions	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Please list all current Convictions (Please use separate sheet if necessary)	Date	Court	Offence	Sentence
Has the new person (if applicable) lived in the UK for at least 10 years? If no, please provide a letter from your home country confirming that you do not have any convictions.	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you have a change in your medical history?	Yes <input type="checkbox"/> No <input type="checkbox"/> Na <input type="checkbox"/>			
If "yes" please provide details of your medical condition.	Date first diagnosed - -/- -/- - - -			
	Condition _____			
	Are you receiving any medication/medical attention in connection with this condition? Yes <input type="checkbox"/> No <input type="checkbox"/>			
	Describe the effect this may have on your fitness to drive a Taxi/Private Hire car _____ _____			
	Do you have any medical condition which would prevent you carrying a guide dog or assistance dog in your vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/>			

<p>Are you informing the Licensing Department of criminal convictions and/or driving offences?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> Na <input type="checkbox"/></p> <p>Type of criminal conviction – _____</p> <p>Sentence _____</p> <p>Driving Offence _____</p> <p>Points obtained _____</p>		
<p>Are you applying to display advertisement/s on your vehicle?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> Na <input type="checkbox"/></p> <p>Attach a design proof of the advertising clearly showing where the advertising will be placed on the vehicle.</p> <p>Please confirm that you are displaying “Pre Book Hire” signs?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>		
<p>Are there any other changes that are not listed above that you wish to make.</p> <p>Please give as much information to the change you wish to make.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>		
<p>6. CHECKLIST</p>			
(a)	Have you enclosed/made payment of the £74.00 fee	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
(b)	Have you enclosed a design proof of the advertising you wish on your vehicle	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
(c)	If the person/s who I have added to my licence has not lived in the UK for 10 years I have enclosed a letter from their home country confirming that I/my manager have/have not got any convictions	Yes <input type="checkbox"/>	NA <input type="checkbox"/>

HOW WE USE YOUR PERSONAL INFORMATION

The information provided by you will be used by Perth & Kinross Council to process your application and thereafter to keep you informed of any updates with regard to your application or licence.

Your information will be shared with Police Scotland, Scottish Fire and Rescue Service, Planning Service and Environment Services in order to determine if you are a fit and proper person to hold a licence. A requirement for this licence is to display a site notice for 21 days which the public can view and this will contain personal information which will include your name and address.

The Council may also check information provided by you, or information about you provided by a third party, with other information held by us. We may also get information from certain third parties or share your information with them in order to verify its accuracy, prevent or detect crime, protect public funds or where required by law. Further information on how your information is used can be found here <https://www.pkc.gov.uk/detailedprivacynotices>

You should be aware that the names of individuals who hold this licence appear on a register which is available for public inspection

I declare that the particulars given by me on this form are true. I consent to the sharing of my personal information for the purposes set out above.

Signature of applicant/agent

Date

Signature of applicant(s) to be removed from licence or added to licence

.....Date

It is an offence to make any statement in this application which you know to be false or to recklessly make any statement which is false in a material particular. Offences are punishable by a fine up to £1,000.
April 2024