

A. Business

1. Trading Name: Sherwood Recovery Ltd

2. Company Registration Number, and Date of Registration (if applicable):

No.: 3739815 Date: 18/6/1999

3. Where a sole trader or partnership please give date of formation:

Date: 18/6/1999

4. Where a limited company please state:

a) Whether the company is (Please tick ✓)

Private	<input checked="" type="checkbox"/>
Public	<input type="checkbox"/>

b) Date of registration, and; registration number under Companies Act 2006 (if applicable):

Date: ..... No: .....

c) Date of registration, and; registration number under Industrial & Provident Societies Act 1965 (if applicable)

Date: ..... No: .....

5. Please list any wholly owned subsidiary companies: N/A

6. If your company is a subsidiary or a member of a group of companies, please name the parent company and ultimate holding company (where applicable) and/or other group members:

N/A

7. Please give details of any of your directors/partners/proprietors or senior employees who have ever been employed by this Council or ever been Councillors of this Authority:

N/A

8. Please give details of any of your directors/partners/proprietors or senior employees who have a relative who is employed by this Council at a senior level or who is a Councillor of this Authority:

N/A

9. Please state your VAT registration number: 732 3402 70.

10. Please confirm you have the following insurances:

<b>Public liability cover of £5million, or more</b> (Please tick ✓)	Yes	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>
<b>Motor trade road risk cover of £5million, or more</b> (Please tick ✓)	Yes	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>
<b>Employer's liability cover of £10million, or more</b> (Please tick ✓)	Yes	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>

11. If there are more than 5 employees, please confirm you have a documented health and safety system:

<b>Documented Health &amp; Safety system</b> (N/A if less than 5 employees) (Please tick ✓)	Yes	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>
	N/A	<input type="checkbox"/>

B. Trading

1. Main phone number for booking: 01772 323688

2. Opening Hours

<b>Monday</b>	8.30	to	5.30
<b>Tuesday</b>	9.30	to	5.30
<b>Wednesday</b>	9.30	to	5.30
<b>Thursday</b>	9.30	to	5.30
<b>Friday</b>	9.30	to	5.30
<b>Saturday</b>	8.30	to	1.00
<b>Sunday</b>	-	to	-

3. Can the garage accommodate the following vehicles?:

<b>Diesel</b> (Please tick ✓)	Yes	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>
<b>LPG/Bi-fuel</b> (Please tick ✓)	Yes	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>

<b>Minibuses</b> (Please tick ✓)	Yes	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>
<b>Stretch Limousines</b> (Please tick ✓)	Yes	<input type="checkbox"/>
	No	<input checked="" type="checkbox"/>

4. What approximate fee (excluding VAT) would you charge for conducting the Roadworthiness Certificate (per vehicle):

£30-00

C. Please note:

- The Council reserves the right to remove a Testing Station from its approved list at any time.
- The Council reserves the right to return paperwork that is not completed appropriately.
- The Council reserves the right to refuse to licence a vehicle that has not been tested in accordance with the Roadworthiness Certificate.

D. Declaration

I confirm that the information supplied is accurate to the best of my knowledge.

I confirm that I have seen the Council's Roadworthiness Test Certificate and Guidance document, and I further declare that the testing station is able to complete the Council's roadworthiness test procedure in relation to hackney carriage and private hire vehicles in accordance with these requirements.

Signature: L. Noble

Name of person completing questionnaire (please print):

MRS LORRAINE NOBLETT

Position in organisation: Accounts manager

A. Business

1. Trading Name: DUNKIRK GARAGE LTD.

2. Company Registration Number, and Date of Registration (if applicable):

No.: 4627972 Date: 2003 - 3<sup>rd</sup> January

3. Where a sole trader or partnership please give date of formation:

Date: ..... N/A .....

4. Where a limited company please state:

a) Whether the company is (Please tick ✓)

Private	<input checked="" type="checkbox"/>
Public	<input type="checkbox"/>

b) Date of registration, and; registration number under Companies Act 2006 (if applicable):

Date: 3-1-2003 No.: 4627972

c) Date of registration, and; registration number under Industrial & Provident Societies Act 1965 (if applicable)

Date: ..... N/A ..... No.: .....

5. Please list any wholly owned subsidiary companies: .....

..... N/A .....

6. If your company is a subsidiary or a member of a group of companies, please name the parent company and ultimate holding company (where applicable) and/or other group members:

..... N/A .....

7. Please give details of any of your directors/partners/proprietors or senior employees who have ever been employed by this Council or ever been Councillors of this Authority:

..... N/A. .....

8. Please give details of any of your directors/partners/proprietors or senior employees who have a relative who is employed by this Council at a senior level or who is a Councillor of this Authority:

N/A

9. Please state your VAT registration number: ..... 693135523 .....

10. Please confirm you have the following insurances:

<b>Public liability cover of £5million, or more</b> (Please tick ✓)	Yes	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>
<b>Motor trade road risk cover of £5million, or more</b> (Please tick ✓)	Yes	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>
<b>Employer's liability cover of £10million, or more</b> (Please tick ✓)	Yes	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>

11. If there are more than 5 employees, please confirm you have a documented health and safety system:

<b>Documented Health &amp; Safety system</b> (N/A if less than 5 employees) (Please tick ✓)	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
	N/A	<input checked="" type="checkbox"/>

B. Trading

1. Main phone number for booking: ..... 01772 455045 .....

2. Opening Hours

<b>Monday</b>	8 - 45 am	to	6 pm
<b>Tuesday</b>	8 - 45 am	to	6 pm
<b>Wednesday</b>	8 - 45 am	to	6 pm
<b>Thursday</b>	8 - 45 am	to	6 pm
<b>Friday</b>	8 - 45 am	to	6 pm
<b>Saturday</b>	9 - 00 am	to	3 pm
<b>Sunday</b>	closed	to	

3. Can the garage accommodate the following vehicles?:

<b>Diesel</b> (Please tick ✓)	Yes	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>
<b>LPG/Bi-fuel</b> (Please tick ✓)	Yes	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>

<b>Minibuses</b> (Please tick ✓)	Yes	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>
<b>Stretch Limousines</b> (Please tick ✓)	Yes	<input type="checkbox"/>
	No	<input checked="" type="checkbox"/>

4. What approximate fee (excluding VAT) would you charge for conducting the Roadworthiness Certificate (per vehicle):

£30

C. Please note:

- The Council reserves the right to remove a Testing Station from its approved list at any time.
- The Council reserves the right to return paperwork that is not completed appropriately.
- The Council reserves the right to refuse to licence a vehicle that has not been tested in accordance with the Roadworthiness Certificate.

D. Declaration

I confirm that the information supplied is accurate to the best of my knowledge.

I confirm that I have seen the Council's Roadworthiness Test Certificate and Guidance document, and I further declare that the testing station is able to complete the Council's roadworthiness test procedure in relation to hackney carriage and private hire vehicles in accordance with these requirements.

Signature: ..... *Linda Mortimer* .....

Name of person completing questionnaire (please print):  
..... LINDA MORTIMER .....

Position in organisation: ..... DIRECTOR/secretary .....

A. Business

1. Trading Name: ..... NAYLORS MOTOR SALES .....

2. Company Registration Number, and Date of Registration (if applicable):

No.: ..... N/A ..... Date: .....

3. Where a sole trader or partnership please give date of formation:

Date: ..... 1990 .....

4. Where a limited company please state:

a) Whether the company is (Please tick ✓)

<b>Private</b>	<input type="checkbox"/>
<b>Public</b>	<input type="checkbox"/>

N/A.

b) Date of registration, and; registration number under Companies Act 2006 (if applicable):

Date.: ..... N/A ..... No.: .....

c) Date of registration, and; registration number under Industrial & Provident Societies Act 1965 (if applicable)

Date.: ..... N/A ..... No.: .....

5. Please list any wholly owned subsidiary companies: .....

..... N/A .....

6. If your company is a subsidiary or a member of a group of companies, please name the parent company and ultimate holding company (where applicable) and/or other group members:

..... N/A .....

7. Please give details of any of your directors/partners/proprietors or senior employees who have ever been employed by this Council or ever been Councillors of this Authority:

..... N/A .....

Please give details of any of your directors/partners/proprietors or senior employees who have a relative who is employed by this Council at a senior level or who is a Councillor of this Authority:

N/A

9. Please state your VAT registration number: 604547548

10. Please confirm you have the following insurances:

<b>Public liability cover of £5million, or more</b> (Please tick ✓)	Yes	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>
<b>Motor trade road risk cover of £5million, or more</b> (Please tick ✓)	Yes	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>
<b>Employer's liability cover of £10million, or more</b> (Please tick ✓)	Yes	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>

11. If there are more than 5 employees, please confirm you have a documented health and safety system:

<b>Documented Health &amp; Safety system</b> (N/A if less than 5 employees) (Please tick ✓)	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
	N/A	<input checked="" type="checkbox"/>

**B. Trading**

1. Main phone number for booking: 01772 421773

2. Opening Hours

<b>Monday</b>	8.30 AM	to	5.30 PM
<b>Tuesday</b>	"	to	"
<b>Wednesday</b>	"	to	"
<b>Thursday</b>	"	to	"
<b>Friday</b>	"	to	4.30
<b>Saturday</b>	"	to	12.00
<b>Sunday</b>	/	to	/

3. Can the garage accommodate the following vehicles?:

<b>Diesel</b> (Please tick ✓)	Yes	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>
<b>LPG/Bi-fuel</b> (Please tick ✓)	Yes	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>

<b>Minibuses</b> (Please tick ✓)	Yes	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>
<b>Stretch Limousines</b> (Please tick ✓)	Yes	<input type="checkbox"/>
	No	<input checked="" type="checkbox"/>



What approximate fee (excluding VAT) would you charge for conducting the Roadworthiness Certificate (per vehicle):

£35

C. Please note:

- The Council reserves the right to remove a Testing Station from its approved list at any time.
- The Council reserves the right to return paperwork that is not completed appropriately.
- The Council reserves the right to refuse to licence a vehicle that has not been tested in accordance with the Roadworthiness Certificate.

D. Declaration

I confirm that the information supplied is accurate to the best of my knowledge.

I confirm that I have seen the Council's Roadworthiness Test Certificate and Guidance document, and I further declare that the testing station is able to complete the Council's roadworthiness test procedure in relation to hackney carriage and private hire vehicles in accordance with these requirements.

Signature:  .....

Name of person completing questionnaire (please print):

NORMAN MCKITTRICK .....

Position in organisation: PARTNER .....

A. Business

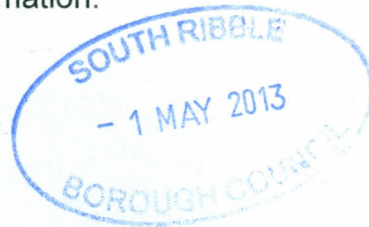
1. Trading Name: GARAGE SERVICES LTD

2. Company Registration Number, and Date of Registration (if applicable):

No.: 03085717 Date: 31/07/1995

3. Where a sole trader or partnership please give date of formation:

Date: N/A



4. Where a limited company please state:

a) Whether the company is (Please tick ✓)

Private	<input checked="" type="checkbox"/>
Public	<input type="checkbox"/>

b) Date of registration, and; registration number under Companies Act 2006 (if applicable):

Date: 31/07/1995 No: 03085717

c) Date of registration, and; registration number under Industrial & Provident Societies Act 1965 (if applicable)

Date: ..... No: .....

5. Please list any wholly owned subsidiary companies: .....

N/A

6. If your company is a subsidiary or a member of a group of companies, please name the parent company and ultimate holding company (where applicable) and/or other group members:

N/A

7. Please give details of any of your directors/partners/proprietors or senior employees who have ever been employed by this Council or ever been Councillors of this Authority:

N/A

8. Please give details of any of your directors/partners/proprietors or senior employees who have a relative who is employed by this Council at a senior level or who is a Councillor of this Authority:

NONE

9. Please state your VAT registration number: 534 5679 21

10. Please confirm you have the following insurances:

<b>Public liability cover of £5million, or more</b> (Please tick ✓)	Yes	✓
	No	
<b>Motor trade road risk cover of £5million, or more</b> (Please tick ✓)	Yes	✓
	No	
<b>Employer's liability cover of £10million, or more</b> (Please tick ✓)	Yes	✓
	No	

11. If there are more than 5 employees, please confirm you have a documented health and safety system:

<b>Documented Health &amp; Safety system</b> (N/A if less than 5 employees) (Please tick ✓)	Yes	✓
	No	
	N/A	

B. Trading

1. Main phone number for booking: 01772 622500

2. Opening Hours

<b>Monday</b>	8.00 AM	to	5.30 PM
<b>Tuesday</b>	11	to	11
<b>Wednesday</b>	11	to	11
<b>Thursday</b>	11	to	11
<b>Friday</b>	11	to	11
<b>Saturday</b>	8.00 AM	to	2 PM
<b>Sunday</b>	CLOSED	to	CLOSED

3. Can the garage accommodate the following vehicles?:

<b>Diesel</b> (Please tick ✓)	Yes	✓
	No	
<b>LPG/Bi-fuel</b> (Please tick ✓)	Yes	✓
	No	

<b>Minibuses</b> (Please tick ✓)	Yes	✓
	No	
<b>Stretch Limousines</b> (Please tick ✓)	Yes	
	No	✓

4. What approximate fee (excluding VAT) would you charge for conducting the Roadworthiness Certificate (per vehicle):

£35  
.....  
.....

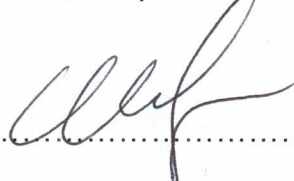
C. Please note:

- The Council reserves the right to remove a Testing Station from its approved list at any time.
- The Council reserves the right to return paperwork that is not completed appropriately.
- The Council reserves the right to refuse to licence a vehicle that has not been tested in accordance with the Roadworthiness Certificate.

D. Declaration

I confirm that the information supplied is accurate to the best of my knowledge.

I confirm that I have seen the Council's Roadworthiness Test Certificate and Guidance document, and I further declare that the testing station is able to complete the Council's roadworthiness test procedure in relation to hackney carriage and private hire vehicles in accordance with these requirements.

Signature: .....  .....

Name of person completing questionnaire (please print):  
..... MICHAEL WOOF .....

Position in organisation: ..... DIRECTOR .....

A. Business

1. Trading Name: One Call 4 Car Care Ltd.

2. Company Registration Number, and Date of Registration (if applicable):

No.: 6726580 Date: 17 October 2008

3. Where a sole trader or partnership please give date of formation:

Date: .....

4. Where a limited company please state:

a) Whether the company is (Please tick ✓)

Private	<input checked="" type="checkbox"/>
Public	<input type="checkbox"/>

b) Date of registration, and; registration number under Companies Act 2006 (if applicable):

Date.: ..... No.: .....

c) Date of registration, and; registration number under Industrial & Provident Societies Act 1965 (if applicable)

Date.: ..... No.: .....

5. Please list any wholly owned subsidiary companies: N/A.

6. If your company is a subsidiary or a member of a group of companies, please name the parent company and ultimate holding company (where applicable) and/or other group members:

N/A.

7. Please give details of any of your directors/partners/proprietors or senior employees who have ever been employed by this Council or ever been Councillors of this Authority:

N/A.

8. Please give details of any of your directors/partners/proprietors or senior employees who have a relative who is employed by this Council at a senior level or who is a Councillor of this Authority:

.....

.....

9. Please state your VAT registration number: 945 942 780

10. Please confirm you have the following insurances:

<b>Public liability cover of £5million, or more</b> (Please tick ✓)	Yes	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>
<b>Motor trade road risk cover of £5million, or more</b> (Please tick ✓)	Yes	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>
<b>Employer's liability cover of £10million, or more</b> (Please tick ✓)	Yes	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>

11. If there are more than 5 employees, please confirm you have a documented health and safety system:

<b>Documented Health &amp; Safety system</b> (N/A if less than 5 employees) (Please tick ✓)	Yes	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>
	N/A	<input type="checkbox"/>

**B. Trading**

1. Main phone number for booking: 01772 433 333

2. Opening Hours

<b>Monday</b>	<u>8.30</u>	<b>to</b>	<u>17.30</u>
<b>Tuesday</b>	<u>8.30</u>	<b>to</b>	<u>17.30</u>
<b>Wednesday</b>	<u>8.30</u>	<b>to</b>	<u>17.30</u>
<b>Thursday</b>	<u>8.30</u>	<b>to</b>	<u>17.30</u>
<b>Friday</b>	<u>8.30</u>	<b>to</b>	<u>17.30</u>
<b>Saturday</b>	<u>8.00</u>	<b>to</b>	<u>12.00</u>
<b>Sunday</b>	<u>—</u>	<b>to</b>	<u>—</u>

CAN BE OPEN 7 DAYS IF NECESSARY  
8.00-18.00

3. Can the garage accommodate the following vehicles?:

<b>Diesel</b> (Please tick ✓)	Yes	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>
<b>LPG/Bi-fuel</b> (Please tick ✓)	Yes	<input type="checkbox"/>
	No	<input checked="" type="checkbox"/>

<b>Minibuses</b> (Please tick ✓)	Yes	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>
<b>Stretch Limousines</b> (Please tick ✓)	Yes	<input checked="" type="checkbox"/>
	No	<input checked="" type="checkbox"/>

SWB

4. What approximate fee (excluding VAT) would you charge for conducting the Roadworthiness Certificate (per vehicle):

£37.50

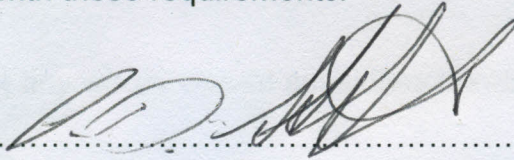
C. Please note:

- The Council reserves the right to remove a Testing Station from its approved list at any time.
- The Council reserves the right to return paperwork that is not completed appropriately.
- The Council reserves the right to refuse to licence a vehicle that has not been tested in accordance with the Roadworthiness Certificate.

D. Declaration

I confirm that the information supplied is accurate to the best of my knowledge.

I confirm that I have seen the Council's Roadworthiness Test Certificate and Guidance document, and I further declare that the testing station is able to complete the Council's roadworthiness test procedure in relation to hackney carriage and private hire vehicles in accordance with these requirements.

Signature:  .....

Name of person completing questionnaire (please print):

CHRISTOPHER STUBBS .....

Position in organisation: DIRECTOR OF OPERATIONS .....

A. Business

1. Trading Name: D. MELUNA AND SONS LIMITED

2. Company Registration Number, and Date of Registration (if applicable):

No.: 04471000 Date: 27 JUNE 2002 (INCORPORATION DATE)

3. Where a sole trader or partnership please give date of formation:

Date: N/A

4. Where a limited company please state:

a) Whether the company is (Please tick ✓)

Private	<input checked="" type="checkbox"/>
Public	<input type="checkbox"/>

b) Date of registration, and; registration number under Companies Act 2006 (if applicable):

Date: 27 JUNE 2002 No.: N/A

c) Date of registration, and; registration number under Industrial & Provident Societies Act 1965 (if applicable)

Date: N/A No.: N/A

5. Please list any wholly owned subsidiary companies: N/A

6. If your company is a subsidiary or a member of a group of companies, please name the parent company and ultimate holding company (where applicable) and/or other group members:

N/A

7. Please give details of any of your directors/partners/proprietors or senior employees who have ever been employed by this Council or ever been Councillors of this Authority:

N/A



8. Please give details of any of your directors/partners/proprietors or senior employees who have a relative who is employed by this Council at a senior level or who is a Councillor of this Authority:

N/A

9. Please state your VAT registration number: .....155 1654 69.....

10. Please confirm you have the following insurances:

<b>Public liability cover of £5million, or more</b> (Please tick ✓)	Yes	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>
<b>Motor trade road risk cover of £5million, or more</b> (Please tick ✓)	Yes	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>
<b>Employer's liability cover of £10million, or more</b> (Please tick ✓)	Yes	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>

11. If there are more than 5 employees, please confirm you have a documented health and safety system:

<b>Documented Health &amp; Safety system</b> (N/A if less than 5 employees) (Please tick ✓)	Yes	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>
	N/A	<input type="checkbox"/>

B. Trading

1. Main phone number for booking: .....01772 432415.....

2. Opening Hours

<b>Monday</b>	08:00 AM	to	5:30 PM
<b>Tuesday</b>	08:00 AM	to	5:30 PM
<b>Wednesday</b>	08:00 AM	to	5:30 PM
<b>Thursday</b>	08:00 AM	to	5:30 PM
<b>Friday</b>	08:00 AM	to	5:30 PM
<b>Saturday</b>	8:00	to	2:00
<b>Sunday</b>	CLOSED	to	CLOSED.

3. Can the garage accommodate the following vehicles?:

<b>Diesel</b> (Please tick ✓)	Yes	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>
<b>LPG/Bi-fuel</b> (Please tick ✓)	Yes	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>

<b>Minibuses</b> (Please tick ✓)	Yes	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>
<b>Stretch Limousines</b> (Please tick ✓)	Yes	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>

4. What approximate fee (excluding VAT) would you charge for conducting the Roadworthiness Certificate (per vehicle):

£45.00

C. Please note:

- The Council reserves the right to remove a Testing Station from its *approved list* at any time.
- The Council reserves the right to return paperwork that is not completed appropriately.
- The Council reserves the right to refuse to licence a vehicle that has not been tested in accordance with the Roadworthiness Certificate.

D. Declaration

I confirm that the information supplied is accurate to the best of my knowledge.

I confirm that I have seen the Council's Roadworthiness Test Certificate and Guidance document, and I further declare that the testing station is able to complete the Council's roadworthiness test procedure in relation to hackney carriage and private hire vehicles in accordance with these requirements.

Signature:  .....

Name of person completing questionnaire (please print):

STEWART MELLING

Position in organisation: DIRECTOR

A. Business

1. Trading Name: MEANYGATE GARAGE LIMITED

2. Company Registration Number, and Date of Registration (if applicable):

No.: \_\_\_\_\_ Date: \_\_\_\_\_

3. Where a sole trader or partnership please give date of formation:

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

4. Where a limited company please state:

a) Whether the company is (Please tick ✓)

Private	<input checked="" type="checkbox"/>
Public	<input type="checkbox"/>

b) Date of registration, and; registration number under Companies Act 2006 (if applicable):

Date: 09/02/2011 No.: 7522536

c) Date of registration, and; registration number under Industrial & Provident Societies Act 1965 (if applicable)

Date: \_\_\_\_\_ No.: \_\_\_\_\_

5. Please list any wholly owned subsidiary companies: \_\_\_\_\_

N/A

6. If your company is a subsidiary or a member of a group of companies, please name the parent company and ultimate holding company (where applicable) and/or other group members:

N/A

7. Please give details of any of your directors/partners/proprietors or senior employees who have ever been employed by this Council or ever been Councillors of this Authority:

NONE

8. Please give details of any of your directors/partners/proprietors or senior employees who have a relative who is employed by this Council at a senior level or who is a Councillor of this Authority:

NONE

9. Please state your VAT registration number: ...106 082 449

10. Please confirm you have the following insurances:

<b>Public liability cover of £5million, or more</b> (Please tick ✓)	Yes	✓
	No	
<b>Motor trade road risk cover of £5million, or more</b> (Please tick ✓)	Yes	✓
	No	
<b>Employer's liability cover of £10million, or more</b> (Please tick ✓)	Yes	✓
	No	

11. If there are more than 5 employees, please confirm you have a documented health and safety system:

<b>Documented Health &amp; Safety system</b> (N/A if less than 5 employees) (Please tick ✓)	Yes	
	No	
	N/A	✓

B. Trading

1. Main phone number for booking: ...01772 422944

2. Opening Hours

<b>Monday</b>	08.00	to	18.00
<b>Tuesday</b>	08.00	to	18.00
<b>Wednesday</b>	08.00	to	18.00
<b>Thursday</b>	08.00	to	18.00
<b>Friday</b>	08.00	to	18.00
<b>Saturday</b>	08.00	to	14.00
<b>Sunday</b>	NONE	to	NONE

\* CAN TEST SUNDAYS IF REQUIRED AND ADVANCED BOOKED \*

3. Can the garage accommodate the following vehicles?:

<b>Diesel</b> (Please tick ✓)	Yes	✓
	No	
<b>LPG/Bi-fuel</b> (Please tick ✓)	Yes	✓
	No	

<b>Minibuses</b> (Please tick ✓)	Yes	✓
	No	
<b>Stretch Limousines</b> (Please tick ✓)	Yes	
	No	✓

4. What approximate fee (excluding VAT) would you charge for conducting the Roadworthiness Certificate (per vehicle):

£30.00 For Both Car / Minibus - MOT Paperwork will be issued at each test

C. Please note:

- The Council reserves the right to remove a Testing Station from its approved list at any time.
- The Council reserves the right to return paperwork that is not completed appropriately.
- The Council reserves the right to refuse to licence a vehicle that has not been tested in accordance with the Roadworthiness Certificate.

D. Declaration

I confirm that the information supplied is accurate to the best of my knowledge.

I confirm that I have seen the Council's Roadworthiness Test Certificate and Guidance document, and I further declare that the testing station is able to complete the Council's roadworthiness test procedure in relation to hackney carriage and private hire vehicles in accordance with these requirements.

Signature:  .....

Name of person completing questionnaire (please print):

MR STEPHEN BAILEY

Position in organisation: DIRECTOR / OWNER