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

 \sim 1 \sim

Authority:

Please give details of any of your directors/partners/propr who have a relative who is employed by this Council at Councillor of this Authority:			
——————————————————————————————————————			
9. Please state your VAT registration number: -32 34	02 -	10.	
10. Please confirm you have the following insurances:			
Public liability cover of £5million, or more	Yes		
(Please tick ✓)	No		
(Todos tier)			

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

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

Documented Health & Safety system	Yes	1
(N/A if less than 5 employees)	No	
(Please tick √)	N/A	

- B. Trading
- 1. Main phone number for booking: OCT 2 323689
- 2. Opening Hours

Monday	8.30	to	5.30
Tuesday	8-30	to	5.30
Wednesday	6-30	to	5.30
Thursday	9.30	to	5.33
Friday	8-30	to	5.39
Saturday	6.30	to	1-00
Sunday	MASSAGE TO SEE	to	

Diesel	Yes	
(Please tick ✓)	No	/
LPG/Bi-fuel	Yes	V
(Please tick √)	No	

Minibuses	Yes	
(Please tick ✓)	No	
Stretch Limousines	Yes	
(Please tick ✓)	No	1

erwood Recovery Ltd.

4. What approximate fee (excluding VAT) would you charge for conducting the Roadworthiness Certificate (per vehicle):
L30-60
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 tin accordance with the Roadworthiness Certificate.
D. <u>Declaration</u>
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. M. D. C. D
Name of person completing questionnaire (please print):
MRS LORRAING MOBLETT
Position in organisation: Accomes manages

A. Business
1. Trading Name: DUNKIRK GARAGE LTD.
2. Company Registration Number, and Date of Registration (if applicable):
No: 4627972 Date: 2003 - 3 rd 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 Public
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: No:
5. Please list any wholly owned subsidiary companies:
NIA
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:
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
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:
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: NA NA 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:
 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
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: NA NA 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:

NA		
Please state your VAT registration number: 69313	5523	
10. Please confirm you have the following insurances:		/
Dublic lightlifty cover of CEmillion or many	Yes	
Public liability cover of £5million, or more (Please tick ✓)	No	
	Yes	/
Motor trade road risk cover of £5million, or more	100	
Motor trade road risk cover of £5million, or more (Please tick ✓)	No	/
(Please tick ✓) Employer's liability cover of £10million, or more	No Yes	/
(Please tick ✓)	No	/
(Please tick ✓) Employer's liability cover of £10million, or more (Please tick ✓) 11. If there are more than 5 employees, please confirm you have	No Yes No	ented hea
(Please tick ✓) Employer's liability cover of £10million, or more (Please tick ✓)	No Yes No	ented hea
(Please tick ✓) Employer's liability cover of £10million, or more (Please tick ✓) 11. If there are more than 5 employees, please confirm you hav safety system:	No Yes No	ented hea
(Please tick ✓) Employer's liability cover of £10million, or more (Please tick ✓) 11. If there are more than 5 employees, please confirm you have	No Yes No e a docume	ented hea

Monday	8-45 am	to	6PM
Tuesday	8-45an	to	6 pm
Wednesday	8-45 an	to	6 pm
Thursday	8 - 45 gun	to	6 pm
Friday	8.45 am	to	6 PM.
Saturday	9-00am	to	3pm
Sunday	closed	to	

Diesel	Yes	V
(Please tick √)	No	
LPG/Bi-fuel	Yes	V
(Please tick √)	No	

Minibuses	Yes	
(Please tick ✓)	No	
Stretch Limousines	Yes	/
(Please tick ✓)	No	V

4. What approximate fee (excluding VAT) would you charge for conducting Roadworthiness Certificate (per vehicle):	
<u>=30</u>	
C. Please note:	
 The Council reserves the right to remove a Testing Station from its approved list at time. 	any
 The Council reserves the right to return paperwork that is not completed appropriate The Council reserves the right to refuse to licence a vehicle that has not been tested accordance with the Roadworthiness Certificate. 	
D. <u>Declaration</u>	
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 Guida document, and I further declare that the testing station is able to complete the Coun roadworthiness test procedure in relation to hackney carriage and private hire vehicle accordance with these requirements.	cil's
Signature: Www.	
Name of person completing questionnaire (please print):	
LINDA MORTIMER	
Position in organisation: DIRECTOR/Secretary	

Α.	Business
1.	Trading Name: NAYLORS MOTOR SALES
2.	Company Registration Number, and Date of Registration (if applicable):
No	Date:
3.	Where a sole trader or partnership please give date of formation:
Da	ate: 1990
	Where a limited company please state: Whether the company is (Please tick ✓) Private Public Public
b)	Date of registration, and; registration number under Companies Act 2006 (if applicable):
Da	ate: No:
c)	Date of registration, and; registration number under Industrial & Provident Societies Act 1965 (if applicable)
Da	ate: No.:
5.	Please list any wholly owned subsidiary companies:
	NIA
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:
	NIA
	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:
	NIA

NIA		
Please state your VAT registration number: 604-5475	48	
Please confirm you have the following insurances:		
Public liability cover of £5million, or more	Yes	
(Please tick ✓)	No	
Motor trade road risk cover of £5million, or more	Yes	-
(Please tick ✓)	No	
Employer's liability cover of £10million, or more	Yes	~
(Please tick ✓)	No	
(Please tick ✓) 1. If there are more than 5 employees, please confirm you have safety system: Documented Health & Safety system (N/A if less than 5 employees)	No a docume	
(Please tick ✓) I. If there are more than 5 employees, please confirm you have safety system: Documented Health & Safety system	No a docume	
(Please tick ✓) 1. If there are more than 5 employees, please confirm you have safety system: Documented Health & Safety system (N/A if less than 5 employees)	No a docume	
(Please tick ✓) I. If there are more than 5 employees, please confirm you have safety system: Documented Health & Safety system (N/A if less than 5 employees)	No a docume	
(Please tick ✓) I. If there are more than 5 employees, please confirm you have safety system: Documented Health & Safety system (N/A if less than 5 employees) (Please tick ✓)	No a docume Yes No N/A	

Monday	8.30 Am	to	5:30 PM
Tuesday	U	to	TY.
Wednesday	n n	to	1)
Thursday	l.	to	II .
Friday	11	to	4.30
Saturday	. 11	to	12.00
Sunday		to	

Diesel	Yes	V
(Please tick ✓)	No	
LPG/Bi-fuel	Yes	V
(Please tick ✓)	No	

Minibuses	Yes	V
(Please tick ✓)	No	
Stretch Limousines	Yes	
(Please tick ✓)	No	V

nat 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 tin accordance with the Roadworthiness Certificate.
D. <u>Declaration</u>
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.
tolladdle -
Signature: 1/1/2//
Name of person completing questionnaire (please print):
MORMAN MCKITTRICK.
Position in organisation: PARTNER

	Business
1.	Trading Name: GANAGE SERVIUS LTD
	Company Registration Number, and Date of Registration (if applicable):
No	03085717 Date: 31 07/1995
	Where a sole trader or partnership please give date of formation: ite:
	Where a limited company please state: Whether the company is (Please tick) Private Public
	Date of registration, and; registration number under Companies Act 2006 (if applicable):
Da	te: 31/07/1995 No: 03085717
c)	Date of registration, and; registration number under Industrial & Provident Societies Act 1965 (if applicable)
Da	ite: No:
5.	Please list any wholly owned subsidiary companies:
	MA
	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:
	MA
	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:

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:

MOME	•	

- 9. Please state your VAT registration number: 534 5679 21
- 10. Please confirm you have the following insurances:

Public liability cover of £5million, or more	Yes	1
(Please tick ✓)	No	
Motor trade road risk cover of £5million, or more	Yes	V
(Please tick ✓)	No	/
Employer's liability cover of £10million, or more		1
(Please tick ✓)	No	

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

Documented Health & Safety system	Yes	1
(N/A if less than 5 employees)	No	
(Please tick ✓)	N/A	

- B. Trading
- 1. Main phone number for booking: 01772 622500
- 2. Opening Hours

Monday	8.00 AM	to	5.30 cm.
Tuesday	(1	to	11
Wednesday	11	to	\ \
Thursday	11	to	()
Friday	(1	to	()
Saturday	8.00 Am	to	2 Pmi
Sunday	CLOSED	to	CLOSIRO'

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

Minibuses	Yes	/
(Please tick ✓)	No	
Stretch Limousines	Yes	
(Please tick ✓)	No	-

4. What approximate fee (excluding VAT) would you charge for conducting the Roadworthiness Certificate (per vehicle): \$\displice{1.35}\$
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 tir accordance with the Roadworthiness Certificate.
D. <u>Declaration</u>
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):
Traine of person completing questionnaire (please print).
MICHAEL WOOF
Position in organisation: DINECTON:

A. Business
1. Trading Name: One Call 4 Car Care Itd.
2. Company Registration Number, and Date of Registration (if applicable):
No: 16726580 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 Public
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:
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/propr who have a relative who is employed by this Council at Councillor of this Authority:			
9. Please state your VAT registration number: 945	14278	3O	
Dublic liability cover of CEmillian or mare	Yes		
Public liability cover of £5million, or more (Please tick ✓)	No	*	

Public liability cover of £5million, or more	Yes	1
(Please tick √)	No	
Motor trade road risk cover of £5million, or more	Yes	/
(Please tick √)	No	
Employer's liability cover of £10million, or more	Yes	/
(Please tick ✓)	No	

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

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

- B. Trading
- 1. Main phone number for booking: 01772 433 333
- 2. Opening Hours

Monday	8.30	to	17.30	CAN
Tuesday	830	to	17.30	BE.
Wednesday	8 30	to	17.30	- OPEN
Thursday	8 30	to	17.30	10,000 ARY
Friday	8-30	to	17.30	10045 15 NECESSARY 8.00-1800
Saturday	8-00	to	12-00	8:00-1000
Sunday		to		

Diesel	Yes	/
(Please tick √)	No	
LPG/Bi-fuel	Yes	
(Please tick ✓)	No	/

Minibuses	Yes	/
(Please tick ✓)	No	1
Stretch Limousines	Yes	3000
(Please tick √)	No.	

4. What approximate fee (excluding VAT) would you charge for conducting the Roadworthiness Certificate (per vehicle):
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 time accordance with the Roadworthiness Certificate.
D. <u>Declaration</u>
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. <u>Business</u>
1. Trading Name: D. MELLING 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: NA.
4. Where a limited company please state: a) Whether the company is (Please tick ✓) Private Public
b) Date of registration, and; registration number under Companies Act 2006 (if applicable):
Date: 24 JUN€ 2002 No: N/A
c) Date of registration, and; registration number under Industrial & Provident Societies Act 1965 (if applicable)
Date: No: NA
5. Please list any wholly owned subsidiary companies:
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:
parent company and ultimate holding company (where applicable) and/or other group
parent company and ultimate holding company (where applicable) and/or other group members:
parent company and ultimate holding company <i>(where applicable)</i> and/or other group members: •••••••••••••••••••••••••••••••••••
parent company and ultimate holding company (where applicable) and/or other group members: 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

	u/a.				
Pleas	e state your VAT regis	tration number:	155	1654 69.	
0. Pleas	se confirm you have the	e following insurance	es:		
	Public liability co	over of £5million, o	r more	Yes	V
	(P	lease tick √)		No	
2314	Motor trade road ris		n, or moi		
		lease tick </td <td></td> <td>No e Yes</td> <td></td>		No e Yes	
	Employer's liability	lease tick ✓)	n, or mor	No	
		,ouse tien ,			
The second second		s than 5 employees)			
	(P	lease tick √)		N/A	Things was in
	(P	lease tick √)		N/A	
Tradi		lease tick √)		N/A	
3. <u>Tradi</u>		lease tick √)		N/A	
			4415		
. Main	ng phone number for boo		415		
. Main	ng		415		
. Main	ng phone number for boo		415		
. Main	ng phone number for boo ing Hours	king:01792432	svant,		PERSONAL PROPERTY AND PERSONS ASSESSED.
. Main	ng phone number for boo ing Hours Monday	king: 01772 432	to	S;30 PM	
. Main	ng phone number for boo ing Hours Monday Tuesday	king: 01772 432 08:00 Am 08:00 Am	to to	5:30 PM 5:30 PM	
. Main	ng phone number for boo ing Hours Monday Tuesday Wednesday Thursday Friday	08:00 Am 08:00 Am 08:00 Am 08:00 Am 08:00 Am	to to to	5:30 PM 5:30 PM 5:30 PM	
. Main	ng phone number for boo ing Hours Monday Tuesday Wednesday Thursday Friday Saturday	08:00 Am 08:00 Am 08:00 Am 08:00 Am 08:00 Am 08:00 Am	to to to to	5:30 PM 5:30 PM 5:30 PM 5:30 PM 5:30 PM 2:00	
. Main	ng phone number for boo ing Hours Monday Tuesday Wednesday Thursday Friday	08:00 Am 08:00 Am 08:00 Am 08:00 Am 08:00 Am	to to to to to	5:30 PM 5:30 PM 5:30 PM 5:30 PM 5:30 PM	
. Main	ng phone number for boo ing Hours Monday Tuesday Wednesday Thursday Friday Saturday	08:00 Am	to to to to to to to	5:30 PM 5:30 PM 5:30 PM 5:30 PM 5:30 PM 2:00	
. Main	ng phone number for boo ing Hours Monday Tuesday Wednesday Thursday Friday Saturday Sunday	08:00 Am	to to to to to to to	5:30 PM 5:30 PM 5:30 PM 5:30 PM 5:30 PM 2:00	
. Open	ng phone number for boo ing Hours Monday Tuesday Wednesday Thursday Friday Saturday Sunday	08:00 Am	to to to to to to to to icles?:	5:30 PM 5:30 PM 5:30 PM 5:30 PM 5:30 PM 2:00 CLOSED	

(Please tick ✓)

Minibuses

(Please tick ✓)

Stretch Limousines

(Please tick ✓)

No

Yes

No Yes

No

A. <u>Business</u>	
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 Public	
b) Date of registration, and; registration number under Companies Act 2006 (applicable):	(if
Date: 09/02/2011 No: 7522536	
 Date of registration, and; registration number under Industrial & Provident Societies At 1965 (if applicable) 	ct
Date: No: —	
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 groumembers:	
NA	
7. Please give details of any of your directors/partners/proprietors or senior employee who have ever been employed by this Council or ever been Councillors of th Authority:	
None	

who	se give details of any have a relative who cillor of this Authority:						
	NONE						
	None						
9. Pleas	se state your VAT regi	stration number:	106 08	32 449			
10. Pleas	se confirm you have th	e following insuran	ces:				
	Public liability cover of £5million, or more			Ye			7
		Please tick ✓)	or more	No.		-	
	Motor trade road ris		on. or m				
		Please tick ✓)		No	0		
	Employer's liability		on, or mo				
	(F	Please tick √)		* N	0		
11. If there are more than 5 employees, please confirm you have a documented health and safety system: Documented Health & Safety system Yes							
	(N/A if less than 5 employees)			N			
1000000	(F	Please tick √)		N/	Α		
	ng phone number for boo ing Hours	oking: 0.772 4	22 944				
	Monday	08.00	to	18.00			
	Tuesday	08.00	to	18.00			
	Wednesday	08.00	to	18.00			
	Thursday	08.00	to	18.00			
	Friday	08.00	to	18.00			
	Saturday	08.00	to	14.00			
	Sunday	DONE	to	NONE			
	A CAN	TEST SUNDAYS IF	KEQUIRE	D AND ADDA	NCED	ROOKED 8	f

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

Minibuses	Yes	-	
(Please tick ✓)	No		
Stretch Limousines	Yes		
(Please tick √)	No	-	

4. What approximate fee (excluding VAT) would you charge for conducting the Roadworthiness Certificate (per vehicle):
\$30.00 FOR BOTH CAR / MENTIBUS - MOT PAPORWORK WILL BE ISSUED AT GACH 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 tin accordance with the Roadworthiness Certificate.
D. <u>Declaration</u>
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 BAILE!
Position in organisation: DIRECTOR / OWNER.