



A. Business

1. Trading Name: ANCHOR MOT STATION

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: NOVEMBER 1ST 2011

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:

NONE

9. Please state your VAT registration number: N/A

10. Please confirm you have the following insurances:

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

Documented Health & Safety system (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 612482

2. Opening Hours

Monday	8.30	to	5.00 PM
Tuesday	8.30	to	5.00 PM
Wednesday	8.30	to	5.00 PM
Thursday	8.30	to	5.00 PM
Friday	8.30	to	5.00 PM
Saturday	8.30	to	12.00 PM
Sunday		to	

3. Can the garage accommodate the following vehicles?:

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

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

£35.00

C. Please note:

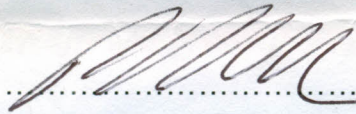
- The Council reserves the right to remove a Testing Station from its approved list at any time.
- The Council reserves the right to return paperwork that is not completed appropriately.
- The Council reserves the right to refuse to licence a vehicle that has not been tested in accordance with the Roadworthiness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

Priscilla Monk

Position in organisation:

Proprietor