



# Ribble Valley Borough Council

[www.ribblevalley.gov.uk](http://www.ribblevalley.gov.uk)

## LICENCE APPLICATION

To Operate a House of Multiple Occupation under the  
Provisions of the Housing Act 2004, Part 2

Private Sector Housing  
(Licensing)

For office use only	Officer:
Licence Holder	
Licence N°	
Expiry Date	

# PART ONE: APPLICATION SUMMARY

This section must be completed in full

Before completing this form, please read the guidance notes to ensure that your property requires a licence. If you have any doubt, please contact the Environmental Health Team (contact details at the end of this form).

Fill in this form in **black** ink only, write clearly within the boxes provided and complete in conjunction with the guidance notes. If additional information is supplied on separate sheets, please make sure they are securely attached to the application form. If you make a mistake, or do not complete all of the relevant sections, it may delay the processing of the application and incur further charges. If you need any assistance completing the form, please contact the Environmental Health Team to arrange an appointment.

This is an application form and does not guarantee the granting of a licence. Please **DO NOT** send payment for the fee with this form: you will be invoiced separately for the amount, which must be paid within 14 days. Please note that the fee is part of the Licence Application and that a Licence cannot be issued without the fee being paid in full.

**FAILURE TO APPLY FOR A LICENCE FOR A PROPERTY THAT IS SUBJECT TO LICENSING IS A CRIMINAL OFFENCE AND MAY RESULT IN LEGAL ACTION BEING TAKEN.**

ADDRESS OF  
PROPERTY TO BE  
LICENSED

.....  
.....  
.....  
..... Postcode: .....

Is the property Accredited?

Yes

Reference N°: .....

No

Please indicate the type of licence you are applying for:

New Licence Application

Renewal of existing Licence/Registration Certificate

Variation to existing Licence/Registration Certificate

Expiry Date of existing Licence/Registration Certificate: .....

Please indicate the type of property to be licensed (see Note 1)

House in multiple occupation

Flat in multiple occupation

House converted into and comprising only of self-contained flats

Mix of self-contained and shared units

Other

Please indicate: .....

Please indicate how the HMO is operating (see Note 2)

A house converted into bedrooms with shared facilities

A house converted into bedsits with shared facilities

A mixture of self-contained and accommodation with shared facilities

A household with lodgers

A hostel, B&B, guesthouse

Supported lodgings

Other

Please indicate: .....

**Applicant / Owner Details:** The Applicant must be a named individual  
(see Note 3)

Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>	<input type="text"/>
Full Name:		
Business Name if relevant:		
Residential or Business Address: (see Note 4)		
	Postcode: _____	
Home Telephone N°:		
Work Telephone N°:		
Mobile Telephone N°:		
e-mail address:		

**Joint Applicant / Owner Details (where applicable)**  
(continue on separate sheet if necessary)

Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>	<input type="text"/>
Full Name:		
Business Name if relevant:		
Residential or Business Address: (see Note 4)		
	Postcode: _____	
Home Telephone N°:		
Work Telephone N°:		
Mobile Telephone N°:		
e-mail address:		

**Proposed Licence Holder (where this is not the applicant/owner)**  
The proposed Licence Holder must be a named individual (see Note 3)

Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>	<input type="text"/>
Full Name:		
Business Name if relevant:		
Residential or Business Address: (see Note 4)		
	Postcode: _____	
Home Telephone N°:		
Work Telephone N°:		
Mobile Telephone N°:		
e-mail address:		

If the Proposed Licence Holder is NOT the Owner of the property above, the Owner (or an authorised representative, is owned by a company) must complete the following Declaration of Delegation:

## DECLARATION OF DELEGATION

(to be completed where the proposed Licence Holder is NOT the owner)

I (full name) \_\_\_\_\_  
 as: (a) the owner of the property  
 or (b) the authorised representative of the company (name): \_\_\_\_\_  
 acting in my capacity as (status in company eg Director) \_\_\_\_\_  
 hereby consent to the individual above being the Licence Holder. I confirm that the proposed Licence Holder has the authority to let and terminate tenancies, access all parts of the building to the same extent as myself and is authorised to arrange emergency repairs.

Signed (owner/company representative): \_\_\_\_\_ Date: \_\_\_\_\_

### Manager / Agent (where this is not the applicant/owner or proposed Licence Holder)

The Manager must be a named individual (see Note 3)

Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input style="width: 50px;" type="text"/>
Full Name:	_____
Business Name if relevant:	_____
Residential or Business Address: (see Note 4)	_____ _____ _____
	Postcode: _____
Home Telephone N°:	_____
Work Telephone N°:	_____
Mobile Telephone N°:	_____
e-mail address:	_____

### Person Having Control (if not any of the above) – must be a named individual

(see Note 5)

Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input style="width: 50px;" type="text"/>
Full Name:	_____
Business Name if relevant:	_____
Residential or Business Address: (see Note 4)	_____ _____ _____
	Postcode: _____
Home Telephone N°:	_____
Work Telephone N°:	_____
Mobile Telephone N°:	_____
e-mail address:	_____
Freeholder	Leaseholder <input type="checkbox"/> Neither <input type="checkbox"/>

Have any of the above applied to another authority for a HMO Licence?

Yes  No

Have any of the above applied to Ribble Valley Borough Council for an HMO Licence?

Yes  No

If yes, please indicate which authority has been applied to or has granted a licence:

LOCAL AUTHORITY	APPLICANT NAME	PROPERTY ADDRESS	DATE APPLIED OR DATE GRANTED

If the Proposed Licence Holder and/or Manager has applied to Ribble Valley Borough Council for a Licence relating to another property listed above, the relevant Part Two section need not be completed again.

**The Proposed Licence Holder and Manager (if applicable) must complete Part Two (Fit and Proper Persons Details) if this is the first application. If this is a subsequent Licence application, please go direct to Part Three (Property Details).**

# PART TWO (1): FIT & PROPER PERSON DETAILS (see Note 6)

## SECTION 1: PROPOSED LICENCE HOLDER

The proposed Licence Holder must be a named individual (see Note 3)

### Person Having Control (if not any of the above) – must be a named individual (see Note 5)

1.1	Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input style="width: 100px;" type="text"/>		
	Full Name: _____		
	Business Name if relevant: _____		
	Residential or Business Address: _____ (see Note 4)		
	Postcode: _____		
	Home Telephone N°: _____		
	Work Telephone N°: _____		
	Mobile Telephone N°: _____		
	e-mail address: _____		
	Date of Birth: _____		
	Place of Birth: _____		
	Proof of Identity & Current Address: _____ (two of): (see Note 8)		
	Passport <input type="checkbox"/> Driving Licence <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Utility Bill <input type="checkbox"/> Other: _____		
	Interest in the property: _____ Owner <input type="checkbox"/> Manager <input type="checkbox"/> Leaseholder <input type="checkbox"/> Other: _____		
1.2	If the proposed Licence Holder is part of a company, partnership, charity or trust, please indicate which and provide contact details of all Directors / Partners / Trustees – please use separate sheet if more than two. If not part of a company, partnership etc go to 1.4. Limited Company <input type="checkbox"/> Partnership <input type="checkbox"/> Charity <input type="checkbox"/> Trust <input type="checkbox"/> Company/Partnership/Charity/Trust name: _____ Registered Company N° / Registered Charity N°: _____ Director <input type="checkbox"/> Partner <input type="checkbox"/> Trustee <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Trustee <input type="checkbox"/> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">                     Full Name: _____                      Company / Partnership / Charity / Trust Registered address: _____                      Postcode: _____                      Telephone No: _____                      e-mail: _____                      Date of Birth: _____                 </td> <td style="width: 50%; border: none;">                     Full Name: _____                      Company / Partnership / Charity / Trust Registered address: _____                      Postcode: _____                      Telephone No: _____                      e-mail: _____                      Date of Birth: _____                 </td> </tr> </table>	Full Name: _____ Company / Partnership / Charity / Trust Registered address: _____ Postcode: _____ Telephone No: _____ e-mail: _____ Date of Birth: _____	Full Name: _____ Company / Partnership / Charity / Trust Registered address: _____ Postcode: _____ Telephone No: _____ e-mail: _____ Date of Birth: _____
Full Name: _____ Company / Partnership / Charity / Trust Registered address: _____ Postcode: _____ Telephone No: _____ e-mail: _____ Date of Birth: _____	Full Name: _____ Company / Partnership / Charity / Trust Registered address: _____ Postcode: _____ Telephone No: _____ e-mail: _____ Date of Birth: _____		
1.3	Please provide details of the Company Secretary/Senior Partner/Trust Secretary Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input style="width: 100px;" type="text"/>		
	Full Name: _____		
	Company Secretary Address: _____		
	Postcode: _____		
	Telephone N°: _____		
	e-mail address: _____		

1.4	Please provide an address where all official correspondence should be sent. All directors/partners/trustees/company secretaries should sign their agreement to this address. This will be the address used on the public register. (See Note 7)		
	Name of Person/Company:		
	Correspondence Address:		
		Postcode: _____	
	Telephone N <sup>o</sup> :		
	e-mail address: _____		

I, as a partner/trustee/director/company secretary hereby give agreement to the above address being used for all official correspondence and on the public register provided by Ribble Valley Borough Council.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
 (please print)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
 (please print)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
 (please print)

1.5	Is the proposed Licence Holder a member of any landlords association or related professional body eg RLA, ARLA, RICS? Please indicate:	
	<b>Organisation</b>	<b>Since</b>
	_____	_____

1.6	Is the proposed Licence Holder an accredited landlord in this or another authority?		
	<b>Authority</b>	<b>Organisation</b>	<b>Since</b>
	_____	_____	_____

1.7	Please list training courses/conferences attended – relevant to property management – by the proposed Licence Holder in the last 3 years:	
	<b>Training Course</b>	<b>Date</b>
	_____	_____

**The local authority must consider evidence whether the proposed Licence Holder, and any person associated or formerly associated with them, whether on a personal, work or other basis, is a fit and proper person (See Note 6)**

1.8	Has the <b>proposed Licence Holder</b> , or anyone <b>associated</b> with the proposed Licence Holder, ever accepted a simple caution, previously known as a formal caution from the Police or been convicted of an offence being subject to the Rehabilitation of Offenders Act 1974 involving any of the following:				
		<b>Proposed Licence Holder</b>		<b>Associate</b>	
		<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
	Fraud	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Dishonesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Sexual Offences Act, Schedule 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1.9	Has the <b>proposed Licence Holder</b> , or anyone <b>associated</b> with the proposed Licence Holder, ever been subject to unlawful discrimination proceedings relating to their business, being subject to the Rehabilitation of Offenders Act 1974 involving the following:				
		<b>Proposed Licence Holder</b>		<b>Associate</b>	
		<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
	Sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Colour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Race	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Ethnic or national origin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.10	Has the <b>proposed Licence Holder</b> , or anyone <b>associated</b> with the proposed Licence Holder, ever accepted a simple caution, been convicted of an offence or been served with Statutory Notices under any of the following:				
		<b>Proposed Licence Holder</b>		<b>Associate</b>	
		<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
	Housing Law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Landlord and Tenant Law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Environmental Protection Act 1990	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Public Health Law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health and Safety Law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Building Regulations or Planning Laws	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.11	Has the <b>proposed Licence Holder</b> , or anyone <b>associated</b> with the proposed Licence Holder, ever been convicted for non-compliance of a Statutory Notice under any of the following:				
		<b>Proposed Licence Holder</b>		<b>Associate</b>	
		<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
	Housing Law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Landlord and Tenant Law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Environmental Protection Act 1990	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Public Health Law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health and Safety Law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Building Regulations or Planning Laws	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.12	Has the <b>proposed Licence Holder</b> , or anyone <b>associated</b> with the proposed Licence Holder, ever been in control of a property?				
		<b>Proposed Licence Holder</b>		<b>Associate</b>	
		<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
	Subject to a Control Order or Management Order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Where works have been carried out in default	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Been refused a licence/registration certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breached conditions of a licence/registration certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



1.13	A Licence Holder must have financial arrangements necessary to ensure the property is properly managed and maintained. Please answer the following questions:				
		<b>Proposed Licence Holder</b>		<b>Associate</b>	
		<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
	Do you have the authority to repair and maintain the property and have the financial arrangements necessary to repair the property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are you an undischarged bankrupt?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are there any County Court Judgements (CCJs) against you or any company of which you are the Director or Secretary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## STATUTORY DECLARATION FOR THE RELEASE OF INFORMATION

To be completed by the proposed Licence Holder.

All information provided will be treated in confidence and in accordance with the Data Protection Act 1998. It will only be used to progress your application.

As part of our duty under the Housing Act 2004 we may have to share and/or check your information with other agencies including the Police, Fire and Rescue Service, Office of Fair Trading, other local authorities and other relevant departments within this Council, for example Council Tax, Revenues and Benefits and Debtors.

**Please sign and date the declaration below in order for us to progress your application.**

I, as the proposed Licence Holder, hereby authorise any statutory body holding information about me, which falls within the categories above, to provide information on request by the Council.			
Print Name:			
Signature:		Date:	

CHECK: Please supply proof of residence and identity (likeness and date of birth) (See Note 7)

**SECTION 2: MANAGER/MANAGING AGENT**

The manager must be a named individual (see Note 3)

2.1	Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>	<input type="text"/>
	Full Name:	<input type="text"/>	
	Business Name if relevant:	<input type="text"/>	
	Residential or Business Address: (see Note 4)	<input type="text"/>	
		Postcode: <input type="text"/>	
	Home Telephone N°:	<input type="text"/>	
	Work Telephone N°:	<input type="text"/>	
	Mobile Telephone N°:	<input type="text"/>	
	e-mail address:	<input type="text"/>	
	Date of Birth:	<input type="text"/>	
	Place of Birth:	<input type="text"/>	
	Proof of Identity & Address: (two of): (see Note 8)	Passport <input type="checkbox"/> Driving Licence <input type="checkbox"/> Birth Certificate <input type="checkbox"/>	Utility Bill <input type="checkbox"/> Other: <input type="text"/>
Interest in the property:	Owner <input type="checkbox"/> Manager <input type="checkbox"/> Leaseholder <input type="checkbox"/>	Other: <input type="text"/>	
2.2	If the manager/agent is part of a company, partnership, charity or trust, please indicate which and provide contact details of all Directors / Partners / Trustees – please use separate sheet if more than two. If not applicable, please go to 2.4.		
	Limited Company <input type="checkbox"/> Partnership <input type="checkbox"/> Charity <input type="checkbox"/> Trust <input type="checkbox"/>		
	Company/Partnership/Charity/Trust name: <input type="text"/>		
	Registered Company N° / Registered Charity N°: <input type="text"/>		
	Director <input type="checkbox"/> Partner <input type="checkbox"/> Trustee <input type="checkbox"/>	Director <input type="checkbox"/> Partner <input type="checkbox"/> Trustee <input type="checkbox"/>	
	Full Name: <input type="text"/>	Full Name: <input type="text"/>	
	Company / Partnership / Charity / Trust Registered address: <input type="text"/>	Company / Partnership / Charity / Trust Registered address: <input type="text"/>	
	Postcode: <input type="text"/>	Postcode: <input type="text"/>	
	Telephone No: <input type="text"/>	Telephone No: <input type="text"/>	
	e-mail: <input type="text"/>	e-mail: <input type="text"/>	
	Date of Birth: <input type="text"/>	Date of Birth: <input type="text"/>	
2.3	Please provide details of the Company Secretary/Senior Partner/Trust Secretary		
	Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>	<input type="text"/>
	Full Name:	<input type="text"/>	
	Company Secretary Address:	<input type="text"/>	
		Postcode: <input type="text"/>	
	Telephone N°:	<input type="text"/>	
	e-mail address:	<input type="text"/>	

2.4	Please provide an address where all official correspondence should be sent. All directors/partners/trustees/company secretaries should sign their agreement to this address. This will be the address used on the public register. (See Note 7)	
	Name of Person/Company:	.....
	Correspondence Address:	.....
		Postcode: .....
	Telephone N <sup>o</sup> :	.....
	e-mail address:	.....

I, as a partner/trustee/director/company secretary hereby give agreement to the above address being used for all official correspondence and on the public register provided by Ribble Valley Borough Council.

Name:  
(please print) ..... Signature: .....

Name:  
(please print) ..... Signature: .....

Name:  
(please print) ..... Signature: .....

2.5	Is the manager/agent a member of any landlords association or related professional body eg RLA, ARLA, RICS? Please indicate:	
	<b>Organisation</b>	<b>Since</b>
	.....	.....
	.....	.....

2.6	Is the manager/agent an accredited landlord in this or another authority?		
	<b>Authority</b>	<b>Organisation</b>	<b>Since</b>
	.....	.....	.....
	.....	.....	.....

2.7	Please list training courses/conferences attended – relevant to property management – by the manager/agent in the last 3 years:	
	<b>Training Course</b>	<b>Date</b>
	.....	.....
	.....	.....

2.8	Has the <b>manager/managing agent</b> , ever accepted a simple caution, previously known as a formal caution by the Police or been convicted of an offence being subject to the Rehabilitation of Offenders Act 1974 involving any of the following:		
		<b>Manager/Agent</b>	
		<b>Yes</b>	<b>No</b>
	Fraud	<input type="checkbox"/>	<input type="checkbox"/>
	Dishonesty	<input type="checkbox"/>	<input type="checkbox"/>
	Violence	<input type="checkbox"/>	<input type="checkbox"/>
	Drugs	<input type="checkbox"/>	<input type="checkbox"/>
	Sexual Offences Act, Schedule 3	<input type="checkbox"/>	<input type="checkbox"/>

2.9	Has the <b>manager/managing agent</b> , ever been subject to unlawful discrimination proceedings relating to their business, being subject to the Rehabilitation of Offenders Act 1974 involving the following:		
		<b>Manager/Agent</b>	
		<b>Yes</b>	<b>No</b>
	Sex	<input type="checkbox"/>	<input type="checkbox"/>
	Colour	<input type="checkbox"/>	<input type="checkbox"/>
	Race	<input type="checkbox"/>	<input type="checkbox"/>
	Ethnic or national origin	<input type="checkbox"/>	<input type="checkbox"/>
	Disability	<input type="checkbox"/>	<input type="checkbox"/>

2.10	Has the <b>manager/managing agent</b> , ever accepted a simple caution, been convicted of an offence or been served with Statutory Notices under any of the following:		
		<b>Manager/Agent</b>	
		<b>Yes</b>	<b>No</b>
	Housing Law	<input type="checkbox"/>	<input type="checkbox"/>
	Landlord and Tenant Law	<input type="checkbox"/>	<input type="checkbox"/>
	Environmental Protection Act 1990	<input type="checkbox"/>	<input type="checkbox"/>
	Public Health Law	<input type="checkbox"/>	<input type="checkbox"/>
	Health and Safety Law	<input type="checkbox"/>	<input type="checkbox"/>
Building Regulations or Planning Laws	<input type="checkbox"/>	<input type="checkbox"/>	
2.11	Has the <b>manager/managing agent</b> , ever been convicted for non-compliance of a Statutory Notice under any of the following:		
		<b>Manager/Agent</b>	
		<b>Yes</b>	<b>No</b>
	Housing Law	<input type="checkbox"/>	<input type="checkbox"/>
	Landlord and Tenant Law	<input type="checkbox"/>	<input type="checkbox"/>
	Environmental Protection Act 1990	<input type="checkbox"/>	<input type="checkbox"/>
	Public Health Law	<input type="checkbox"/>	<input type="checkbox"/>
	Health and Safety Law	<input type="checkbox"/>	<input type="checkbox"/>
Building Regulations or Planning Laws	<input type="checkbox"/>	<input type="checkbox"/>	
2.12	Has the <b>manager/managing agent</b> , ever managed a property?		
		<b>Manager/Agent</b>	
		<b>Yes</b>	<b>No</b>
	Subject to a Control Order or Management Order	<input type="checkbox"/>	<input type="checkbox"/>
	Where works have been carried out in default following service of a notice	<input type="checkbox"/>	<input type="checkbox"/>
	Where a licence or registration certificate has been refused	<input type="checkbox"/>	<input type="checkbox"/>
Where a licence or registration conditions or terms have been breached	<input type="checkbox"/>	<input type="checkbox"/>	
2.13	If you do not hold a freehold interest or long lease with full repairing obligations, please answer the following questions:		
		<b>Manager/Agent</b>	
		<b>Yes</b>	<b>No</b>
	Do you have the authority to carry out works to the property?	<input type="checkbox"/>	<input type="checkbox"/>
	Is there any financial limitation on the amount of work you can carry out?	<input type="checkbox"/>	<input type="checkbox"/>
	Please detail below the value of any work you can carry out without further authorisation and the procedure which you must follow if works exceed this limit	<input type="checkbox"/>	<input type="checkbox"/>

# STATUTORY DECLARATION FOR THE RELEASE OF INFORMATION

To be completed by the manager/agent.

All information provided will be treated in confidence and in accordance with the Data Protection Act 1998. It will only be used to progress your application.

As part of our duty under the Housing Act 2004 we may have to share and/or check your information with other agencies including the Police, Fire and Rescue Service, Office of Fair Trading, other local authorities and other relevant departments within this Council, for example Council Tax, Revenues and Benefits and Debtors.

**Please sign and date the declaration below in order for us to progress your application.**

I, as the manager/managing agent, hereby authorise any statutory body holding information about me, which falls within the categories above, to provide information on request by the Council.
--

Print Name:	
-------------	--

Signature:		Date:	
------------	--	-------	--

CHECK: Please supply proof of residence and identity (likeness and date of birth) (See Note 7)

# PART THREE: PROPERTY DETAILS

## SECTION 1: DETAILS OF PROPERTY TO BE LICENSED

1.1	<p>Please see Floorplan Guidance in the Application Pack on how to obtain a floor plan.</p> <p>Please attach a floorplan, with floor space measurements, of each floor of the property, showing the location and size of each room in the property, along with locations of the fire safety facilities, escape routes and bathing and kitchen amenities relating to lettings. If you already have plans of the property you may submit these as long as you confirm that the details are the same as in the submitted Plan.</p> <p>I attach a floorplan: <input type="checkbox"/> Date of floorplan: <input type="text"/> <input type="text"/> <input type="text"/></p> <p>I declare that this is a true and accurate floorplan of the property at this date <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Signed: ..... Print name: ..... Interest in property: .....</p>
1.2	<p>How many storeys are there in the property? Include basement and attic flats but not cellars (See Note 9)</p> <p>Storeys: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/></p>
1.3	<p>Over which levels are the habitable storeys situated (eg ground floor, first floor, second floor) (See Note 9)</p> <p>Levels: .....</p>
1.4	<p>How many separate letting units eg self-contained flats/bedrooms/bedsits – are there in the property?</p> <p>Units: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> Other <input type="text"/></p>
1.5	<p>How many separate letting units are NOT self-contained?</p> <p>Units: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> Other <input type="text"/></p>
1.6	<p>How many individual people occupy the property at present (including children)?</p> <p>Individuals: .....</p>
1.7	<p>How many households occupy the property at present? (See Note 10)</p> <p>Households: .....</p>
1.8	<p>Please indicate the type of property to be licensed</p> <p>Type: Detached <input type="checkbox"/> Semi-detached <input type="checkbox"/>          Mid-terrace <input type="checkbox"/> End terrace <input type="checkbox"/>          Other: .....</p>
1.9	<p>If the property has been converted into self-contained flats, please supply the approximate date:</p> <p>Date: .....</p>
1.10	<p>Please give approximate date of construction of the property:</p> <p>Pre 1900 <input type="checkbox"/> 1900 – 1919 <input type="checkbox"/>          1919 - 1945 <input type="checkbox"/> 1946 – 1964 <input type="checkbox"/>          1964 – 1980 <input type="checkbox"/> Post 1980 <input type="checkbox"/></p>
1.11	<p>Is any part of the property used for separate commercial activity?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please give details and location of the commercial activity below:</p> <p>.....</p> <p>.....</p> <p>.....</p>

1.12	Please provide details of any building works carried out to the property during current ownership (and previous works if known) including details of planning consents, building regulations approval or certificates issues on completion of works. We may ask you to submit these at a later date.	
	<b>Description of Works</b>	<b>Date of Completion</b>
1.13	What is the maximum number of households (see guidance notes) that could occupy the property? Households:	
1.14	What is the maximum number of people who could occupy the property? Individuals:	
1.15	Is there is a resident owner, landlord or manager? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please go to question 1.19.	
1.16	Is the proposed Licence Holder the resident owner, landlord or manager? Yes <input type="checkbox"/> No <input type="checkbox"/>	
1.17	Total number of people in resident owner/landlord/manager's household including the landlord? Individuals:	
1.18	Which flat/rooms in the property are occupied by resident landlord's household? Flat/Room N°:	
1.19	Please indicate the number of households and occupants you would like the licence for: Households: Individuals:	

## SECTION 2: DETAILS OF INSTALLATIONS AND APPLIANCES

2.1	What form of heating is there in the bathroom/s? (where different households share)		
		<b>Yes</b>	<b>No</b>
	Radiator/s as part of the gas/oil fired central heating system	<input type="checkbox"/>	<input type="checkbox"/>
	Individual wall-mounted electric heater/s Other, please state:	<input type="checkbox"/>	<input type="checkbox"/>
2.2	What form of heating is there in the kitchen/s? (where different households share)		
		<b>Yes</b>	<b>No</b>
	Radiator/s as part of the gas/oil fired central heating system	<input type="checkbox"/>	<input type="checkbox"/>
	Individual wall-mounted electric heater/s	<input type="checkbox"/>	<input type="checkbox"/>
	Electric storage heater/s Other please state:	<input type="checkbox"/>	<input type="checkbox"/>
2.3	What form of heating is there in the common parts such as hallways and stairwells, if any?		
		<b>Yes</b>	<b>No</b>
	Radiator/s as part of the gas/oil fired central heating system	<input type="checkbox"/>	<input type="checkbox"/>
	Individual wall-mounted electric heater/s	<input type="checkbox"/>	<input type="checkbox"/>
	Electric storage heater/s Other please state:	<input type="checkbox"/>	<input type="checkbox"/>
2.4	Are there any gas appliances in the property? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide a copy of a valid Gas Safety Certificate Date of Certificate:		
2.5	Is there a periodic Electrical Installation Safety Inspection Certificate? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide a copy of a valid Gas Safety Certificate Date of Certificate:		

2.6	<p>Are any portable electrical appliances (such as kettles, vacuum cleaners, washing machines, multiple plug adaptors) supplied to the property?</p> <p>Yes <input type="checkbox"/>      No <input type="checkbox"/>      If yes, please sign the declaration below (you may be asked to provide evidence, such as a Portable Appliance Test (PAT) Certificate).</p> <p>I declare that the electrical appliances supplied to the property are safe and fit for purpose as required by the Electrical Equipment (Safety) Regulations 1994.</p> <p>PRINT NAME: _____ Signature: _____</p>
2.7	<p>Is any furniture or soft furnishing provided to the property?</p> <p>Yes <input type="checkbox"/>      No <input type="checkbox"/>      If yes, please sign the declaration below (you may be asked to evidence this)</p> <p>I declare that the furniture, upholstery and soft furnishings supplied to the property meet fire resistance standards laid out in the Furniture and Furnishings (Fire) (Safety) Regulations 1988.</p> <p>PRINT NAME: _____ Signature: _____</p>



## FACILITIES TABLE

Please complete the following table indicating the facilities that are provided within the whole dwelling by completing the relevant boxes to indicate the facilities that each individual letting units has use of within the property (See Note 12)

FACILITIES	1	2	3	4	5	6	7	8	9	10	TOTAL
Number of people sharing unit											
Number of bedrooms											
Sink in bedroom – if shared property											
Shared living room											
Exclusive living room											
Dining room											
Shared kitchen/s											
Exclusive kitchen											
4 hob cooker, oven and grill											
Microwave											
Dedicated cooker point											
Sink with drainer and base unit											
Refrigerator with freezer compartments											
Freezer											
Shared bath/shower room/s with WC & WHB											
Shared shower room – separate											
Exclusive bath/shower room with WC & WHB											
Fixed heating such as gas central heating											
Electric storage heating											
Other heating, please specify: (not including portable) - Electric fires - Electric heaters - -											

### SECTION 3: DETAILS OF FACILITIES AND MANAGEMENT

3.1	Is there a system of fire detection incorporating:		<b>Yes</b>	<b>No</b>
	a fire alarm panel		<input type="checkbox"/>	<input type="checkbox"/>
	Sounders/alarms on all levels		<input type="checkbox"/>	<input type="checkbox"/>
	emergency lighting in the common hallways		<input type="checkbox"/>	<input type="checkbox"/>
	mains powered smoke/heat alarms in kitchen/common rooms and hallways		<input type="checkbox"/>	<input type="checkbox"/>
	battery operated smoke alarms		<input type="checkbox"/>	<input type="checkbox"/>
	Sprinkler system		<input type="checkbox"/>	<input type="checkbox"/>
3.2	Is there a current fire alarm test certificate Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide a copy			
3.3	Is a contractor employed to inspect and maintain the fire alarm system? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state who:			
3.4	Is there a current emergency lighting test certificate? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide a copy			
3.5	Is the kitchen(s)/kitchen areas protected by fire doors? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, are they fitted with:		<b>Yes</b>	<b>No</b>
	self-closers		<input type="checkbox"/>	<input type="checkbox"/>
	smoke seals		<input type="checkbox"/>	<input type="checkbox"/>
	intumescent strips		<input type="checkbox"/>	<input type="checkbox"/>
3.6	Are all the doors opening into the main escape route 30 minute fire resistant doors incorporating self-closers smoke seals and intumescent strips? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, which doors are not:			
3.7	Are fire extinguishers provided and tested annually? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state type and location:			
	<b>Type of Extinguisher</b>	<b>Location of Extinguisher</b>	<b>Type of Extinguisher</b>	<b>Location of Extinguisher</b>
3.8	Are fire blankets provided in every kitchen? Yes <input type="checkbox"/> No <input type="checkbox"/>			
3.9	Is the escape route kept clear of flammable material and other obstructions? Yes <input type="checkbox"/> No <input type="checkbox"/>			
3.10	Is the main exit door and doors from individual lettings openable from the inside without the use of a key?			
	Main exit door	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Individual letting door	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not all <input type="checkbox"/>

## SECTION 4: PROPERTY AND TENANCY MANAGEMENT

4.1	Is there a notice giving the name, address and telephone number of the person managing the property displayed in a suitable position? Yes <input type="checkbox"/> No <input type="checkbox"/>
4.2	Are arrangements in place for general maintenance? Internal Yes <input type="checkbox"/> No <input type="checkbox"/> External Yes <input type="checkbox"/> No <input type="checkbox"/>
4.3	Are arrangements in place for regular cleaning and tidying (of common parts)? Internal Yes <input type="checkbox"/> No <input type="checkbox"/> External Yes <input type="checkbox"/> No <input type="checkbox"/>
4.4	Are rooms and areas of common use, including bathrooms, WC's and kitchens, clean, in good repair decorative state? Yes <input type="checkbox"/> No <input type="checkbox"/>
4.5	Are all the staircases, passageways, corridors, halls, lobbies, balconies and entrances in common use free from obstruction? Yes <input type="checkbox"/> No <input type="checkbox"/>
4.6	Are all tenants provided with written details of the terms of their tenancy? Yes <input type="checkbox"/> No <input type="checkbox"/>
4.7	Does the tenancy agreement include a clause relating to anti-social behaviour by the tenant, members of their household and visitors? Yes <input type="checkbox"/> No <input type="checkbox"/>
4.8	How often is the property visited to ascertain that it is secure, that the external appearance is not detrimental to the amenity of the area, that has not been abandoned and that the behaviour of tenants, members of their household or visitors, are not causing a nuisance to neighbours? Every 3 months or more <input type="checkbox"/> Every 3 months or more <input type="checkbox"/> Less than every 6 months <input type="checkbox"/>
4.9	Are reasonable enquiries made to all prospective tenants as to past conduct before the tenancy is granted? Yes <input type="checkbox"/> No <input type="checkbox"/>
4.10	Is there a 24 hour contact telephone number that can be used by tenants in relation to the property? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what is the number? _____ Are arrangements in place for management of the property in the absence of the proposed licence holder and/or manager? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give details below: Contact Number: _____ Name: _____
4.11	Do the Licence Holder and Manager (if applicable) agree to take such steps as are reasonably practicable to prevent anti-social behaviour of the occupants from adversely affecting the amenity or character of the area? <b>Please submit the anti-social behaviour plan with the application form</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
4.12	Do the Licence Holder and Manager (if applicable) agree to attend the Training on Housing/Tenancy Management or Approved Codes of Practice if required? Yes <input type="checkbox"/> No <input type="checkbox"/>
4.13	Is there current relevant insurance (tenanted buildings) cover on the property? Yes <input type="checkbox"/> No <input type="checkbox"/>

## SECTION 5: ADDITIONAL INFORMATION

You do not have to provide this information in order to obtain a licence. However, the answers will assist the local authority in assessing the housing stock

5.1	If there are cavity walls, is there cavity wall insulation? Yes <input type="checkbox"/> No <input type="checkbox"/>			
5.2	Is the loft insulated? Yes <input type="checkbox"/> No <input type="checkbox"/> Date of installation if known: ..... Thickness of insulation if known: .....			
5.3	Are all the windows:			
			<b>Yes</b>	<b>No</b>
	in a good state of repair?			<input type="checkbox"/>
	openable?			<input type="checkbox"/>
	double glazed?			<input type="checkbox"/>
	<b>Some</b>			<input type="checkbox"/>
5.4	How old is/are the kitchen(s):			
	Kitchen 1:	More than 20 years old?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Kitchen 2:	More than 20 years old?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Kitchen 3:	More than 20 years old?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Kitchen 4:	More than 20 years old?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.5	How old is/are the bathroom(s):			
	Bath/shower room 1:	More than 30 years old?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Bath/shower room 2:	More than 30 years old?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Bath/shower room 3:	More than 30 years old?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Bath/shower room 4:	More than 30 years old?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Ethnicity of the proposed licence holder	<b>Asian/ Asian British</b>	Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Other Asian <input type="checkbox"/>	
	<b>Black/ Black British</b>	Caribbean <input type="checkbox"/>	Black <input type="checkbox"/>	Other black background <input type="checkbox"/>		
	<b>Chinese or other ethnic group</b>	Chinese <input type="checkbox"/>	Any other ethnic group – Please state:			
	<b>Dual heritage</b>	White and Black Caribbean <input type="checkbox"/>	White and Black African <input type="checkbox"/>	White and Asian <input type="checkbox"/>	Other dual heritage background <input type="checkbox"/>	
	<b>White</b>	British <input type="checkbox"/>	Irish <input type="checkbox"/>	Other <input type="checkbox"/>		

## PART FOUR: DECLARATIONS

### DECLARATION OF APPLICANT AND PROPOSED LICENCE HOLDER

Please note that it is a criminal offence to knowingly supply information that is false or misleading for the purposes of obtaining a licence. Evidence of any statements made in this application may be required at a later date. If we subsequently discover something, that is relevant and which you should have disclosed, or which has been incorrectly stated or described, your licence may be cancelled or other action taken. Operating an HMO that should be licensed without a licence is an offence liable to a fine not exceeding £20,000. In addition, a Residential Property Tribunal may take a Rent Repayment Order requiring you to repay any rents due during the period for which the property was unlicensed.

I declare that the information contained in this application is correct to the best of my knowledge. I understand that a criminal offence is committed if I supply any information to a local housing authority in connection with this application for a licence of a House in Multiple Occupation that is knowingly false or misleading and on conviction may be fined £5,000.

Note: If you are the Applicant/Owner and the Proposed Licence Holder and Manager you must sign all the relevant sections below.

Applicant/Owner (print name)		Date:	
Signature:			
Proposed Licence Holder (print name)		Date:	
Signature:			
Manager/agent (print name)		Date:	
Signature:			

### Enclosures - Checklist

a.	Evidence of permanent residential address, date of birth and likeness (photo) of proposed Licence Holder.	<input type="checkbox"/>
b.	Evidence of permanent residential address, date of birth and likeness (photo) of manager/managing agent if different to proposed licence holder (copies only).	<input type="checkbox"/>
c.	Floorplan of the property.	<input type="checkbox"/>
d.	Building Regulations/Planning completion certificate and consents (copies only) – if applicable.	<input type="checkbox"/>
e.	Copy of current landlord's Gas Safety Certificate.	<input type="checkbox"/>
f.	Copy of most recent Periodic Electrical Installation Safety Certificate.	<input type="checkbox"/>
g.	Copy of current Fire Alarm Test Certificate.	<input type="checkbox"/>
h.	Copy of current Emergency Lighting System Test Certificate.	<input type="checkbox"/>
i.	Copy of written action plan outlining procedures for dealing with anti-social behaviour at the property.	<input type="checkbox"/>
j.	NUMBER OF ADDITIONAL SHEETS ATTACHED (please state and attach securely)	

# DECLARATION OF APPLICANT AND PROPOSED LICENCE HOLDER

(See Note 13)

**You must let certain people know, in writing, that you have made this application, or give them a copy of it, as follows:**

- Any mortgage of the property.
- Any owner of the property to which this application relates, if that is not you, such as the freeholder – and any head lessees who are known to you.
- Any other person who is a tenant or leaseholder of the property or any part of it, including any flat, who is known to you, other than a statutory tenant or other tenant whose lease or tenancy is of less than three years, including a periodic tenancy.
- The proposed licence holder – if that is not you.
- The proposed managing agent, if any – if that is not you.
- Any person who has agreed that he will be bound by any condition or conditions in a licence if it is granted.

**You must tell each of these people:**

- your name, address, telephone number and email address;
- the name, address, telephone number and email address of the Proposed Licence Holder – if it will not be you;
- whether this is an application under Part 2 (Houses in Multiple Occupation) or Part 3 (selective licensing of other properties) of the Housing Act 2004;
- the address of the property it relates to;
- the name and address of the local authority to which the application will be made;
- the date the application will be submitted.

**Notices for relevant persons and occupants are supplied in the Application Pack for your convenience.**

Name: .....

Address: .....

Postcode: .....

E-mail address: .....

Interest in the property  
or the application: .....

Date Informed: .....

Name: .....

Address: .....

Postcode: .....

E-mail address: .....

Interest in the property  
or the application: .....

Date Informed: .....

