|  |  |
| --- | --- |
|  | Falkirk Council Licensing Unit  Foundry  4 Central Park  Central Boulevard  Larbert  FK5 4RU  Telephone: 01324 501575  E- mail: licensing@falkirk.gov.uk |

**Housing (Scotland) Act 2006,**

**Part 5 Licensing of Houses in Multiple Occupation**

**Application for the grant or renewal of a House in Multiple Occupation Licence**

**The applicant must be the owner of the property**

1. All relevant questions should be answered. Please use BLOCK LETTERS when answering questions.

**Before completing the application form please read the standards and conditions.**

**Question 1**

|  |  |
| --- | --- |
| Is the application in respect of a new or existing licence? | NEW / RENEWAL |
| If renewal give details: | Licence No.:  Expiry Date.: |

**Question 2**

|  |  |
| --- | --- |
| Is the application in respect of a new licence because of change of ownership? | YES/NO\* |
| \*If yes, please state date ownership was transferred. | Date: |

**Question 3**

Landlord Registration Scheme Antisocial Behaviour etc (Scotland) Act 2004

|  |  |
| --- | --- |
| (a) Are you a current registered landlord? | YES/NO |
| (b) If yes, give details of registration number, local authority, and expiry date. |  |

**Question 4**

To be completed only if the application is being made on behalf of an individual

|  |  |
| --- | --- |
| (a) Full Name of applicant |  |
| (b) Home Address (including postcode) |  |
| (c) E-mail Address |  |
| (d) Mobile Telephone Number |  |
| (e) Home Telephone number |  |
| (f) Works Telephone Number |  |
| (g) Date of Birth |  |
| (h) Town and Country of Birth |  |

**Question 5**

To be completed only if owner is a company, partnership, charity or trust

|  |  |
| --- | --- |
| (a) Full Name |  |
| (b) Address of principal / registered office (including postcode) |  |
| (c) Telephone number of principal / registered office |  |
| (d) Legal Status |  |
| (e) Registered Company Number |  |

(f) Full names, private addresses and place and date of birth of all directors, partners or other persons concerned in the management of the body (continue on a separate sheet if necessary).

|  |  |  |
| --- | --- | --- |
| Full Name | Private Address | Date and Place of Birth |
|  |  |  |
|  |  |  |
|  |  |  |

**Question 6**

To be completed only if an agent is appointed in relation to the occupation of the living accommodation.

(a) If the agent is an individual, give details of the agent’s name, address date and place of birth.

|  |  |  |
| --- | --- | --- |
| Full Name | Private Address | Date and Place of Birth |
|  |  |  |

(b) If the agent is a partnership or company, give details of principal / registered office.

(c) If the agent is a partnership or company give full names, private addresses, place and date of birth of all directors, partners or other persons concerned in the management.

|  |  |  |
| --- | --- | --- |
| Full Name | Private Address | Date and Place of Birth |
|  |  |  |
|  |  |  |
|  |  |  |

**Question 7**

To be completed in respect of the person who will be responsible for day to day management of the premises.

|  |  |  |
| --- | --- | --- |
| Full Name | Private Address | Date and Place of Birth |
|  |  |  |

|  |  |
| --- | --- |
| E-mail Address |  |
| Mobile Telephone Number |  |
| Home Telephone Number |  |
| Works Telephone Number |  |

**Question 8**

State below particulars of all current relevant convictions e.g. offences involving fraud or other acts of dishonesty, violence, or drugs, (if in doubt what would be considered relevant please disclose) against any persons named in questions 4, 5, 6 & 7 (use a separate sheet if necessary).

N.B. failure to disclose all current relevant convictions etc may result in your application being returned to you.

|  |  |
| --- | --- |
| If none please state none. |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Name | Court | Offence | Sentence / Penalty |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Question 9**

|  |  |
| --- | --- |
| Has any person named on the application form practised unlawful discrimination? | YES/NO\* |

**Question 10**

|  |  |
| --- | --- |
| Has any person named on the application form contravened housing law or landlord and tenant law? | YES/NO\* |

**Question 11**

|  |  |
| --- | --- |
| Has any person named on the application form carried out actions or failures to act in relation to antisocial behaviour affecting a house let by the applicant or for which the applicant was an agent? | YES/NO\* |

**Question 12**

|  |  |
| --- | --- |
| Has any person named on the application form been disqualified in terms of section 157(2) of the Act from holding an HMO licence or acting as an agent for the owner of the living accommodation? | YES/NO\* |

**Question 13**

|  |  |
| --- | --- |
| (a) Has any person named in questions 4, 5, 6 & 7 above held or currently hold a house in multiple occupancy licence by this or any other authority? | YES/NO\* |
| (b) If yes which authority granted the licence? |  |
| (c) When was it granted? |  |
| (d) When does it expire? |  |

**Question 14**

|  |  |
| --- | --- |
| (a) Has any person named in questions 4, 5, 6 & 7 above ever applied for and been refused an HMO licence by this or any other authority? | YES/NO\* |
| (b) If yes which authority refused the licence? |  |
| (c) When was it refused? |  |

**Question 15**

Details of premises to be licensed.

|  |  |
| --- | --- |
| (a) Full postal address, including trading name of premises to be licensed. |  |
| (b) Type of property e.g. flat, detached/semi-detached/terraced house, flat, tenement. house, semi? |  |
| (c) Has there been any previous alterations carried out on the property, e.g. electrical works, the installation of smoke detectors, any internal alterations to bring the dwelling up to the tolerable standard?  If yes give details. | YES/NO\* |
| (d) Please indicate if there have been any previous building warrant applications and if the necessary completion certificates have been obtained for the property.  If yes give details. |  |
| (e) Please list any proposed alterations to the premises including electrical works, installation of smoke detection and internal alterations required to bring the house up to a tolerable standard. |  |
| (f) Premises phone number. |  |
| (g) How many floors in the premises? |  |
| (h) Is there a gas supply to the premises? | YES/NO\* |
| (i) Is heating provided in the bedrooms? | YES/NO\* |
| (j) Proposed maximum number of tenants. |  |
| (k) Does the owner/their family reside in the premises? | YES/NO\* |
| (l) Does the manager/supervisor reside in the premises?  If yes how many persons. | YES/NO\* |
| (m) Number of bedrooms in premises. |  |
| (n) How many of the bedrooms have wash-hand basins? |  |
| (o) Number of bathrooms/shower rooms. |  |
| (p) Number of kitchens. |  |
| (q) Number of other rooms available for communal use. |  |
| (r) Is a standard lease or tenancy agreement used in respect of lettings at the premises? |  |
| (s) Is the water supplied to the premises by a private supplier? | YES/NO\* |
| (t) Do you intend to provide any meals to the occupants?  If yes give details of what will be provided? | YES/NO\* |
| (u) Details of a 24 hour emergency name and telephone number. |  |

**Question 16**

Details of safety equipment fitted within the premises to be licensed.

Tick as appropriate.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Battery | Electric | None |
| Fire Alarm |  |  |  |
| Smoke Detector |  |  |  |
| Heat Detector |  |  |  |
| Carbon Monoxide Detection |  |  |  |
| Emergency Lighting |  |  |  |
| Automatic Sprinkler |  |  |  |

|  |  |
| --- | --- |
| Is the electricity supply by power cards? | YES/NO\* |

**Question 17**

CHECKLIST OF PAPERWORK SUPPORTING THIS APPLICATION

Please tick.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Submitted** | **Council has current copy** | **To follow** |
| Detailed plans of premises |  |  |  |
| Location plan of premises |  |  |  |
| Clarification thar the appropriate planning consent has been obtained or is not required |  |  |  |
| Fire risk assessment |  |  |  |
| Model tenancy agreement |  |  |  |
| Safety certificate for electrical wiring and associated equipment |  |  |  |
| Copy of current public liability insurance |  |  |  |
| Copy of current buildings / contents insurance |  |  |  |
| A list of the current tenants in the property |  |  |  |
| A copy of rent records for the property |  |  |  |

**NB – PLEASE NOTE THE APPLICATION MUST BE SUBMITTED WITH A LOCATION PLAN AND DETAILED PLANS OF THE PREMISES. THE FIRE RISK ASSESSMENT MUST BE AVAILABLE PRIOR TO ANY INSPECTION OF THE PROPERTY. ALL THE OTHER NECESSARY DOCUMENTATION MUST BE SUBMITTED WITHIN SIX WEEKS OF THE APPLICATION FORM BEING LODGED. IF YOU ARE UNABLE TO COMPLY WITH THIS TIMESCALE YOU MUST CONTACT THE LICENSING SECTION AS SOON AS POSSIBLE TO DISCUSS OUTSTANDING MATTERS**.

TO BE COMPLETED BY INDVIDUAL, PARTNERSHIP OR COMPANY

Complete (A) or (B) as appropriate. Where declaration (A) is made there must be produced in due course a Certificate of Compliance with Paragraph 2 of Schedule 4 to the Housing (Scotland) Act 2006.

1. I/We declare that I/We shall for a period of 21 days commencing with the date hereof, display at or near the premises location so that it can conveniently be read by the public at all times, a notice complying with the requirements of Paragraph 2 of Schedule 4 to the Housing (Scotland) Act 2006.

Or

1. I/We declare that I am/we are unable to display a notice of this application at or near the premises location because I/we have no rights of access or other rights enabling me/us to do so, but that I/we have taken the following steps to acquire the necessary rights, namely: (Here specify steps taken)

……………………………………………………………………………………………

……………………………………………………………………………………………

but have been unable to acquire those rights.

**INDIVIDUAL PERSON**

I declare that the particulars given by me on this form are true and I hereby make application to Falkirk Council for the grant of a House in Multiple Occupancy Licence.

Date:

Signature of applicant/agent:

Or agents address:

**COMPANY, PARTNERSHIP, TRUST, (\*Insert company / partnership name)**

On behalf of \* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I declare that the particulars given by me on this form are true and I hereby make application to Falkirk Council for the grant of a House in Multiple Occupancy licence.

Date:

Signature of person authorised to sign on behalf of company/partnership/trust:

Address of Signatory (if not already specified in questions 3 or 4 above):

**This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form within this authority for the prevention and detection of fraud.  It may also share this information with other bodies administering public funds solely for these purposes.**

N.B. Any person who in, or in connection with, the making of this application makes any statement which he/she knows to be false or recklessly makes any statement which is false in a material matter shall be guilty of an offence and liable, on summary conviction, to a fine.

Your privacy is important to us. You can find out how we deal with your personal information here <http://www.falkirk.gov.uk/privacy/law-licensing/licensing/>