

For Office Use Only
HMO Licence No:
Data Reference No:
UPRN:
Date Received



Cannock Chase District Council HMO MANDATORY LICENSING APPLICATION

Fill in this form in **black** or **blue** ink only. Please write only within the boxes provided. If additional information is supplied on a separate sheet(s), please make sure that they are securely attached to the application form. Please read the guidance notes carefully prior to completing this form. If you make a mistake, or do not complete all the relevant sections, it may delay the processing of the application and incur further charges.

This is an application form and does not guarantee the granting of a licence. If you have any queries or require any assistance completing the form, please telephone **01543 462621** or email **privatesectorhousing@cannockchasedc.co.uk**

Address of HMO to be licensed:	
	Postcode:

Please indicate who is making this application		
Owner: <input type="checkbox"/>	Manager / Managing Agent: <input type="checkbox"/>	Other Person: <input type="checkbox"/>

Please indicate the type of licence you are applying for	
Application for a Licence	<input type="checkbox"/>
Application for a variation of an existing Licence	<input type="checkbox"/>
Renewal of a Licence	<input type="checkbox"/>
Please indicate the type of house for which the application is made	
House in single occupation	
House in multiple occupation	<input type="checkbox"/>
Flat in single occupation	
Flat in multiple occupation	<input type="checkbox"/>
House converted into and comprising only of self-contained flats	<input type="checkbox"/>
Purpose built block of flats	
House in a building used for both residential and business purposes	
Other	
Please indicate how the HMO is operating	
House converted into bedrooms with shared facilities	<input type="checkbox"/>
House converted into bedsits with some shared facilities	<input type="checkbox"/>
A dwelling-house with lodgers	<input type="checkbox"/>
A hostel or care home	<input type="checkbox"/>
Supported lodgings	<input type="checkbox"/>

PART 1: DETAILS OF THE OWNER

1.1 Name and address of the Owner of the property to be licensed	
Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other
Last name: <i>(full & all names)</i>	
First name: <i>(full & all names)</i>	
Company name (if applicable)	
Address:	
	Postcode:
Telephone number:	
e-mail Address:	
National Insurance no:	Date of Birth:

1.2 Do you (alone or jointly with others) own the freehold of the property or hold a lease of it with at least 5 years to run?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please indicate which interest you own;	
Freehold <input type="checkbox"/>	Leasehold <input type="checkbox"/>

1.3 Name and address of the mortgage provider (if any). (Please say NONE if the property does not have an outstanding mortgage)	
Name:	
Address:	
	Postcode:
Telephone number:	

Please indicate who has control of the HMO		
Owner: <input type="checkbox"/>	Manager / Managing Agent: <input type="checkbox"/>	Other Person: <input type="checkbox"/>

PART 2: DETAILS OF THE PROPOSED LICENCE HOLDER

Please indicate who the proposed licence holder will be.

Owner: Manager / Managing agent: Other Person:

2.1	Proposed licence holder details. In the case of a Company, Partnership, Trust or Charity please go to section 2.2 The address provided for an individual should be their permanent residence address and adequate proof must be provided. Examples would include copies of: driving licence; recent bank or building society statement or recent tax correspondence; recent utility bill.	
	Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other
	Last name: <i>(full & all names)</i>	
	First name: <i>(full & all names)</i>	
	Home address:	
		Postcode:
	Home telephone no:	
	Work telephone no:	
	Mobile telephone no:	
	e-mail address:	
	National Insurance no:	Date of Birth:
	Proof of address:	
	Interest in property:	

Ethnicity	Asian or Asian British	Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Any other Asian background <input type="checkbox"/>
	Black or Black British	Caribbean <input type="checkbox"/>	African <input type="checkbox"/>	Other Black background <input type="checkbox"/>	
	Chinese or other ethnic group	Chinese <input type="checkbox"/>	Any other ethnic group – please write in		
	Dual heritage	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"/>
	White	British <input type="checkbox"/>	Irish <input type="checkbox"/>	Other <input type="checkbox"/>	

Please go to Section 2.6

2.2	If the proposed licence holder is a member of a company, partnership, charity or trust, please indicate which and complete the following.	
	Company <input type="checkbox"/> Partnership <input type="checkbox"/> Charity <input type="checkbox"/> Trust: <input type="checkbox"/>	
	Company/partnership/charity/trust address including registered office:	
		Postcode:
	Telephone no:	
	e-mail address:	
Company Registration Number:		

2.3	Please provide contact details of all directors / partners / trustees – please use separate sheet if more than two. Pre-printed information about the organisation is acceptable, validated by the signature of the appropriate officer.			
	Director <input type="checkbox"/> Partner <input type="checkbox"/> Trustee <input type="checkbox"/>		Director <input type="checkbox"/> Partner <input type="checkbox"/> Trustee <input type="checkbox"/>	
	Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other		Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other	
	Last name:		Last name:	
	First name:		First name:	
	Address:		Address:	
	Postcode:		Postcode:	
	Telephone no:		Telephone no:	
	e-mail address:		e-mail address:	
Nat Ins no:		Nat Ins no:		

2.4	Please provide details of the nominated proposed licence holder:	
	Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other
	Last name: <i>(full & all names)</i>	
	First name: <i>(full & all names)</i>	
	Home address:	
		Postcode:
	Telephone no:	
	e-mail address:	
National Insurance no:	Date of Birth:	

2.5	Please provide an address where all official correspondence should be sent including legal notices. This will be the address used on the public register.	
	Name of person:	
	Name of company:	
	Correspondence address:	
		Postcode:
	Telephone no:	
e-mail address:		

2.6	If the proposed licence holder is not the owner of the property, the owner and proposed licence holder must sign the following declaration
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I, as the owner of the above property, hereby give my consent to the above named being licence holder.			
Name – please print:		Date:	
Signature:			

I consent to being named as the proposed licence holder of the above property.			
Name – please print:		Date:	
Signature:			

PART 3: DETAILS OF THE MANAGER

3.1	The manager's details should be provided in answers below. If a Managing Agency is employed, please go to question 3.2 If neither manager or managing agency is used please go to Part 4
Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other
Last name:	
First name:	
Home address:	
	Postcode:
Home telephone no:	
Work telephone no:	
Mobile telephone no:	
e-mail address:	
National Insurance no:	Date of Birth:
Proof of address:	
Interest in property:	
3.2	If the manager is a company, partnership, charity or trust, please indicate which and complete the following.
	Company <input type="checkbox"/> Partnership <input type="checkbox"/> Charity <input type="checkbox"/> Trust: <input type="checkbox"/>
Company/partnership/charity/trust address including registered office:	
	Postcode:
Telephone no:	
e-mail address:	

3.3	Please provide contact details of all directors / partners / trustees – please use separate sheet if more than two. Pre-printed information about the organisation is acceptable, validated by the signature of the appropriate officer.			
	Director <input type="checkbox"/> Partner <input type="checkbox"/> Trustee <input type="checkbox"/>		Director <input type="checkbox"/> Partner <input type="checkbox"/> Trustee <input type="checkbox"/>	
	Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other		Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other	
	Last name:		Last name:	
	First name:		First name:	
	Address:		Address:	
	Postcode:		Postcode:	
	Telephone no:		Telephone no:	
	e-mail address:		e-mail address:	
Nat Ins no:		Nat Ins no:		

3.4	Please provide details of the Company Secretary	
	Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other
	First name:	
	Last name:	
	Address:	
		Postcode:
Telephone no:		
e-mail address:		
National Insurance no:		

3.5	Please provide an address where all official correspondence should be sent including legal notices. This will be the address used on the public register.	
	Name of person/company:	
	Correspondence address:	
	Postcode:	
Telephone no:		
e-mail address:		

Part 4: FIT AND PROPER PERSON

	The local authority must consider evidence whether the owner, manager or any other person involved in the management of the house is a fit and proper person.						
4.1	Has the owner, manager or any other person involved in the management of the house, ever been cautioned by the Police or convicted of an offence involving any of the following? Please note that convictions which are spent under the Rehabilitation of Offenders Act 1974 do not need to be declared.						
	<i>Complete all applicable</i>	Owner		Manager		Other Person	
		Yes	No	Yes	No	Yes	No
	Fraud	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Violence	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Sexual Offences Act schedule 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	If you have ticked 'yes' to any of the above offences, please provide below details, date heard and the Court or Police Force involved. Please use extra sheets of paper if necessary.						
	Date of offence		Date heard		Court / Police Force		
4.2	Has the owner, manager or any other person involved in the management of the house, ever been subject to unlawful discrimination proceedings relating to their business, involving the following:						
	<i>Complete all applicable</i>	Owner		Manager		Other Person	
		Yes	No	Yes	No	Yes	No
	Sex	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Race	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	If you have ticked 'yes' to any of the above offences, please provide details on the following page, date heard and the Court or Police Constabulary involved. Please use extra sheets of paper if necessary.						
	Date of offence		Date heard		Court / Police Force		
4.3	Has the owner, manager or any other person involved in the management of the house, ever been cautioned or convicted of an offence relating to housing, public health, environmental health or landlord and tenant law?						
	<i>Complete all applicable</i>	Owner		Manager		Other Person	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

	For questions 4.3, if you have ticked 'yes', please provide details, date heard and the Court or local authority involved. Please use extra sheets of paper if necessary.					
	Details of offence	Date Heard		Court / Local Authority		
4.5	Has the owner, manager or any other person involved in the management of the house, ever owned, managed or had involvement with a property which has been the subject of a Control Order under section 379 of the Housing Act 1985 or an Interim or Full Management Order under the Housing Act 2004?					
	<i>Complete all applicable</i>	Owner		Manager		Other Person
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
	If relevant, provide details below. Please use extra sheets of paper if necessary.					
		Details of Notice	Date Notice served		Local authority involved	
4.6	Has the owner, manager or any other person involved in the management of the house, ever been refused a licence under an HMO Licensing Scheme made under the Housing Act 2004, or had any such licence revoked for a breach of conditions?					
	<i>Complete all applicable</i>	Owner		Manager		Other Person
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
	If relevant, provide details below. Please use extra sheets of paper if necessary.					
		Date and details of refusal / revocation			Local authority involved	
4.7	Has the owner, manager or any other person involved in the management of the house ever owned managed or had involvement with a property which has been the subject of enforcement action under Part 1 of the Housing Act 2004?					
	<i>Complete all applicable</i>	Owner		Manager		Other Person
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
	If relevant, provide details below. Please use extra sheets of paper if necessary.					
		Date and details of refusal / revocation			Local authority involved	

4.8	<p>We may require the co-operation of the proposed licence holder to obtain Criminal Records Bureau information to confirm the information given.</p> <p>We may also approach other services within the Council, other authorities as may be necessary including Police, Fire & Rescue Service, Office of Fair Trading for information.</p> <p>The proposed licence holder must sign the declaration below to indicate their agreement to these enquiries.</p>
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I, as the proposed licence holder, hereby authorise any statutory body holding information about me, which falls within the categories above, to provide this information on request by the Council.			
Name – please print:		Date:	
Signature:			
Interest in the property			

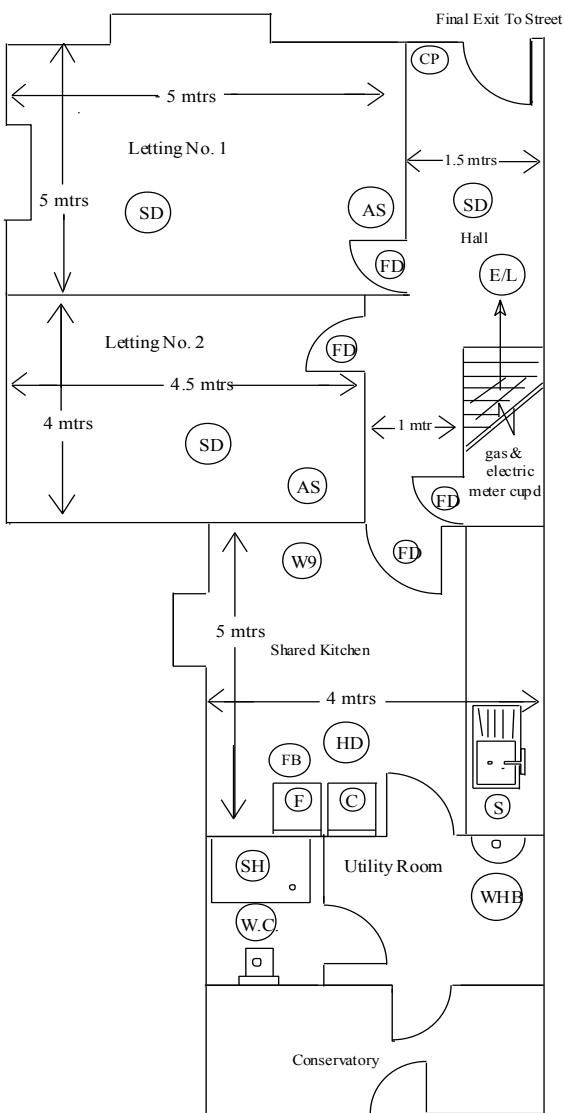
4.10	Has/is the proposed licence holder applied/applying to be a licence holder in respect of any other properties situated in Cannock Chase District Council or any other local authority area? Please provide details below.		
	Address of property	Name and address of local council issuing licence	Date of issue of licence/application
4.11	Is the proposed licence holder an accredited landlord in this or another authority? Please indicate and provide details of the scheme operator and membership number YES <input type="checkbox"/> NO <input type="checkbox"/>		
	Name of Local Authority or Scheme Operator	Membership Number	
4.12	Is the proposed licence holder a member of any landlords association or other professional body? Please indicate which. YES <input type="checkbox"/> NO <input type="checkbox"/>		
4.13	Please list training courses / conferences attended – relevant to property management – by the proposed license holder in the last three years.		

PART 5: DETAILS OF PROPERTY TO BE LICENSED

5.1 Please attach a sketch plan, with measurements, showing the location and size of each room in the property. Below is an example showing the type of sketch and detail required. Please use the abbreviations listed below to mark details on the plan. Please provide a separate sketch of each floor level of the property. Please add additional sheets if you require further space. If you already have plans of the property you may submit these separately.

Plans can be drawn by the local authority however they will be an additional fee for this service

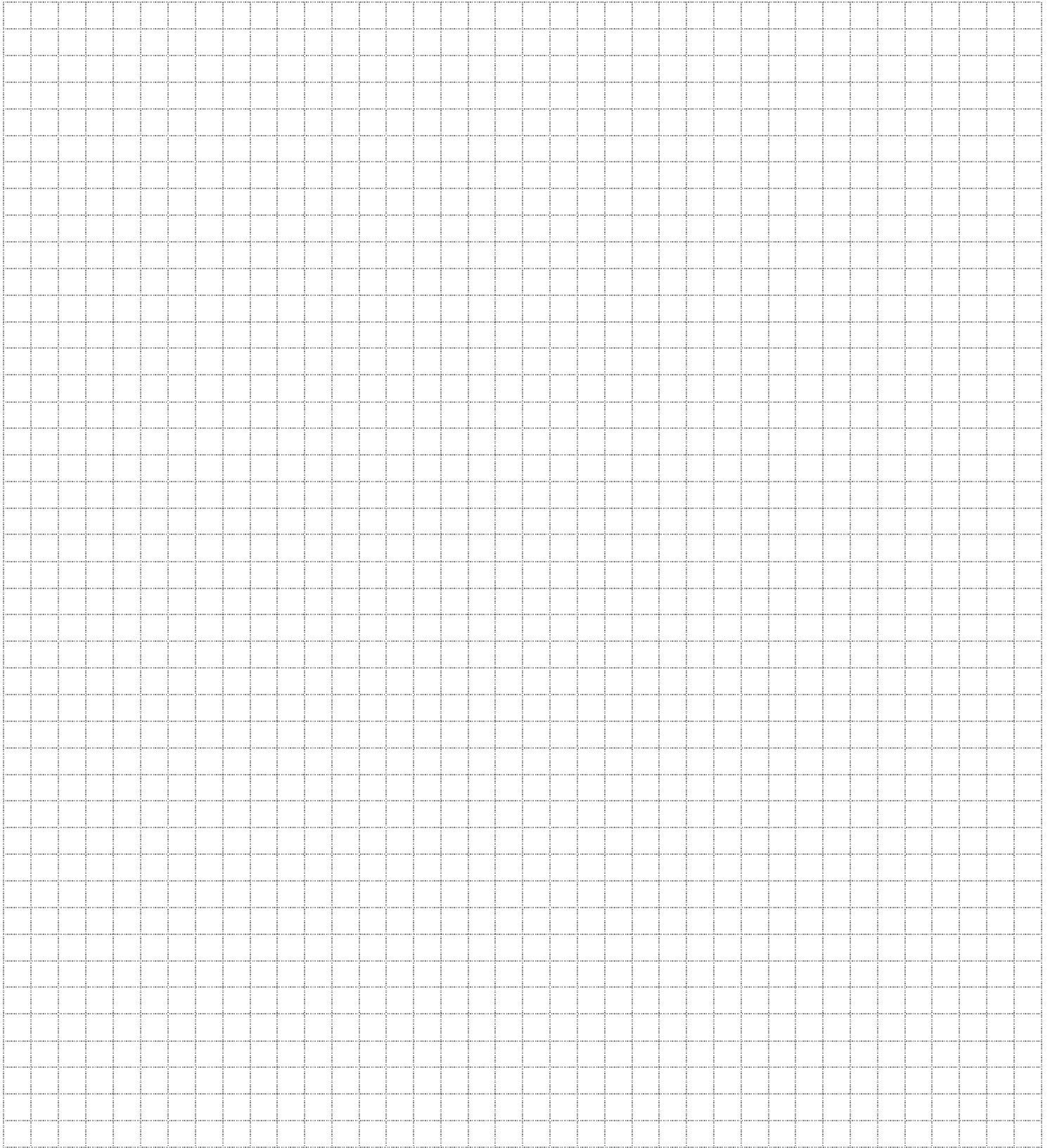
KEY TO SYMBOLS TO BE USED ON PLAN



- | | |
|-------|--------------------|
| (FD) | FIRE DOOR |
| (EL) | EMERGENCY LIGHTING |
| (SD) | SMOKE DETECTOR |
| (HD) | HEAT DETECTOR |
| (AS) | ALARM SOUNDER |
| (CP) | CALL POINT |
| (FB) | FIRE BLANKET |
| (W9) | WATER EXTINGUISHER |
| (AAF) | FOAM EXTINGUISHER |
| (SH) | SHOWER |
| (WC) | WATER CLOSET |
| (C) | COOKER |
| (S) | SINK |
| (F) | FRIDGE |
| (B) | BATH |
| (WHB) | WASH HAND BASIN |
| (FAP) | FIRE ALARM PANEL |
- Either

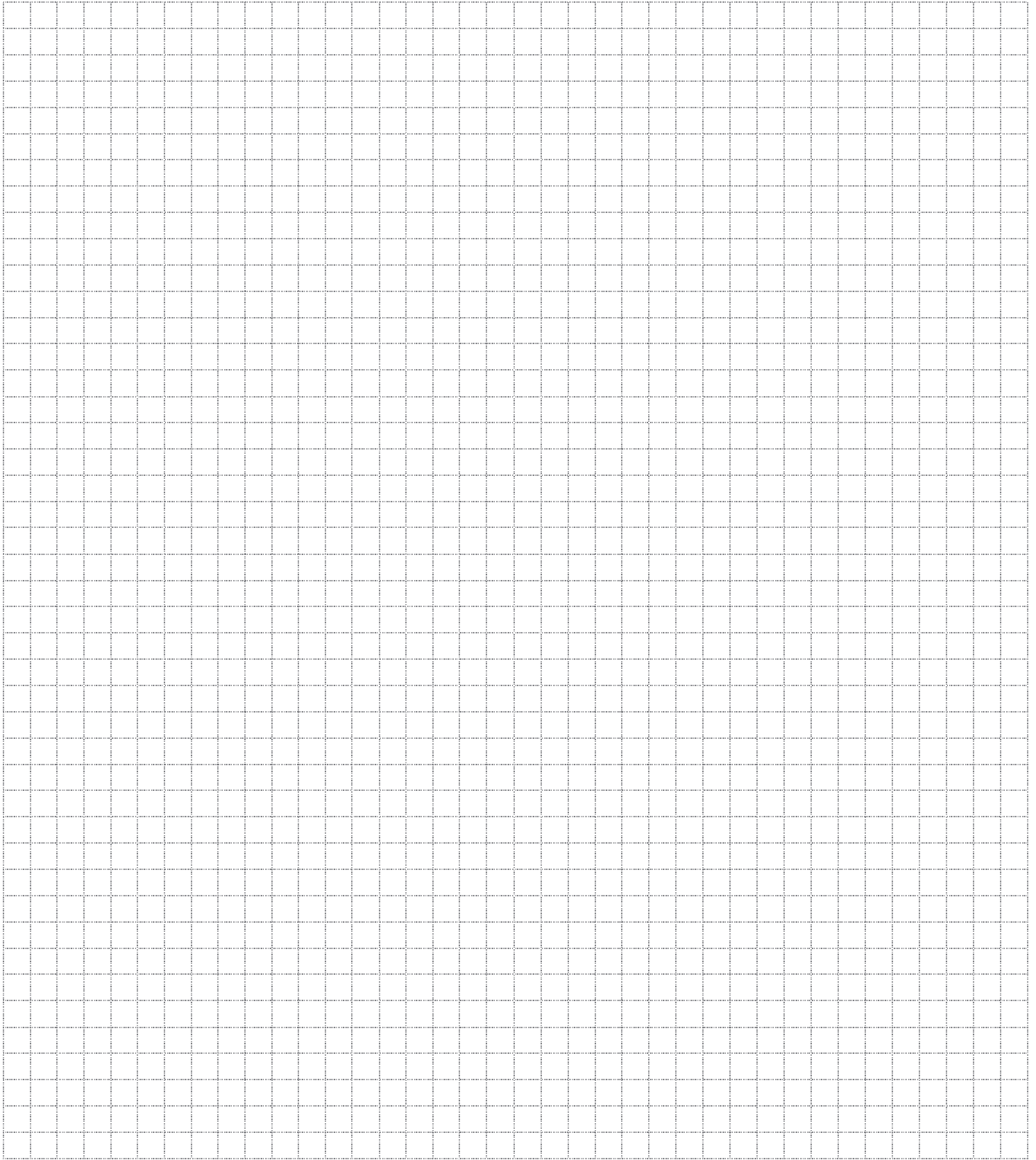
EXAMPLE GROUND FLOOR PLAN

Sketch Plan – *Please indicate floor level:*



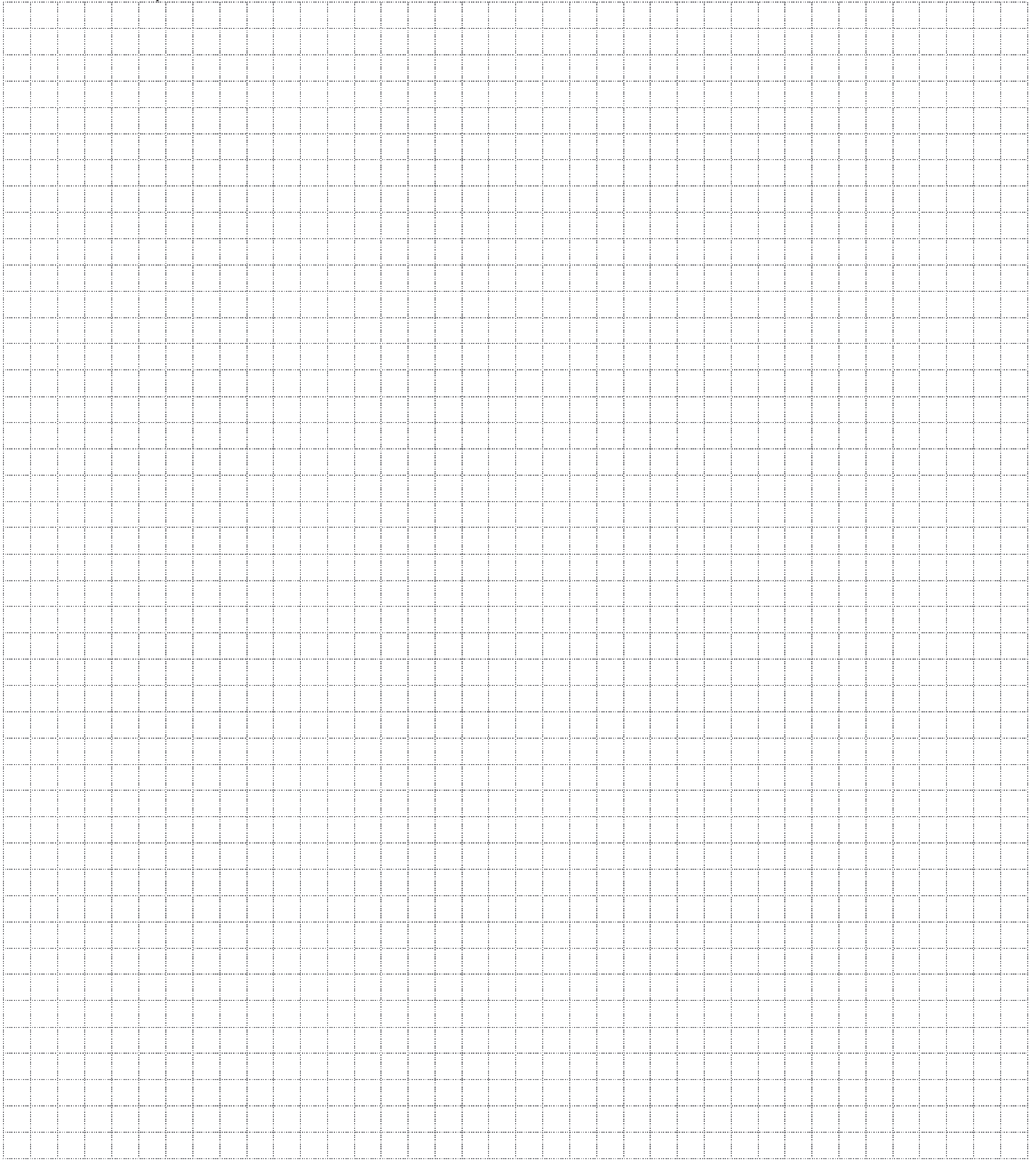
Notes

Sketch Plan – *Please indicate floor level:*



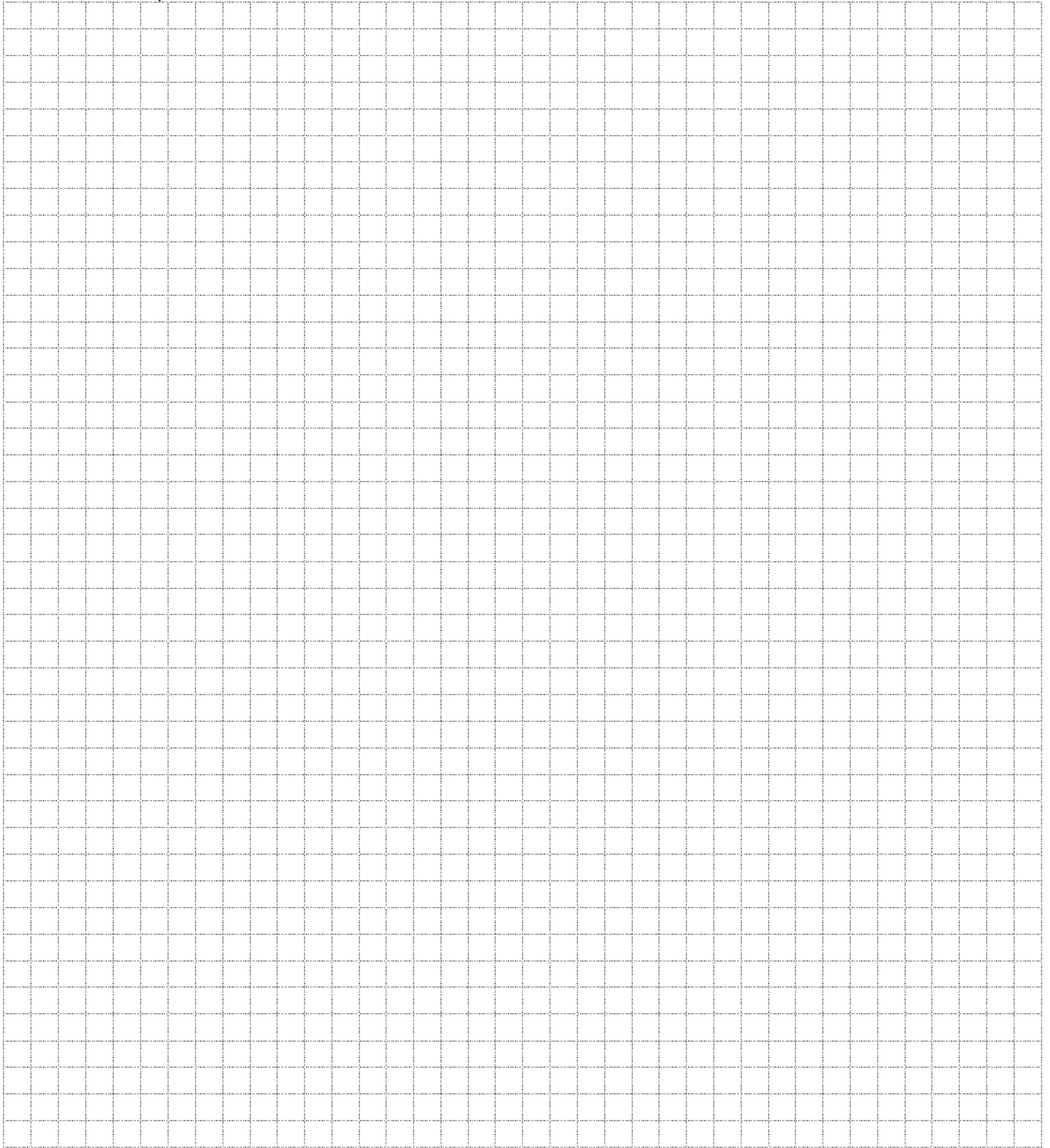
Notes

Sketch Plan – *please indicate floor level:*



Notes

Sketch Plan – *please indicate floor level:*



Notes

5.2	Type of property										
5.2.1	Please indicate the type of property to be licensed.										
	Type:	Detached <input type="checkbox"/>	Semi-detached <input type="checkbox"/>	Terrace <input type="checkbox"/>	End-terrace <input type="checkbox"/>	Other					
5.2.2	Please give approximate date of construction of the property.										
	Date:	Pre 1919 <input type="checkbox"/>	1919 –1945 <input type="checkbox"/>	1945 – 1964 <input type="checkbox"/>	1965 – 1980 <input type="checkbox"/>	Post 1980 <input type="checkbox"/>					
5.2.3	If the property has been converted into a HMO please give the approximate date of conversion:										
	Date:										
5.2.4	Please provide details of any significant building works carried out to the property after 1991. Please include copies of planning consents, building regulations approval or certificates issued on completion of works.										
	Description of works			Date of completion							
5.2.5	How many storeys are there in the property? (include basements and attic rooms, but not cellars)										
	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"/>
5.2.6	How many storeys are below ground level?										
	Number of storeys:										
5.2.7	Is any part of the property used for separate commercial activity?										
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Which Part / Storey								
5.2.8	How many separate letting units are there in the house?										
	Letting 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	
5.3	Persons living in the property										
5.3.1	How many households occupy the property at present?										
5.3.2	How many individual persons occupy the property at present?										
	How many receive the principal means tested benefits?										
5.3.3	Is there a resident landlord?										
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, please go to question 5.3.7								
5.3.4	Is the proposed licence holder the resident owner?										
	Yes <input type="checkbox"/>	No <input type="checkbox"/>									
5.3.5	Number of persons resident in owner's household?										
5.3.6	Which rooms in the property are occupied by resident owner's household?										
5.3.7	Please indicate the number of households you would like the licence for.										
5.3.8	Please indicate the number of occupants you would like the licence for.										

5.3.9	Please complete the following table, based on current occupation, indicating the number of facilities and whether they are shared or for sole use. Children of any age, including babies, must be included in the number of people.			
			Number of facilities	Number of people sharing facility
	Rooms providing living accommodation	In the case of dual use, please count as sleeping accommodation		
	Rooms providing sleeping accommodation			
	Bathroom with toilet, wash hand basin with bath and/or shower			
	Separate bath with hot and cold water			
	Separate shower with hot and cold water			
	Separate toilet with wash hand basin			
	Separate toilet without wash hand basin			
	Kitchen			
	Cooker			
	Sink with drainer with a supply of hot and cold water			
	Fridge freezer			
	Fridge without freezer			
	Separate freezer			
	Microwave oven			
	Food storage cupboard			
	Fixed work surface for food preparation – please indicate quantity in linear metres			
	Electrical sockets in kitchen area above work tops <i>(indicate single or double)</i>			
	Electrical sockets in kitchen area below work tops <i>(indicate single or double)</i>			
5.4	Please indicate the type of ventilation installed in each shared kitchen area, such as windows, extract ventilation, none, other:			
5.5	What refuse disposal facilities have been provided in the shared kitchen areas?			
5.6	Please indicate the type of ventilation installed in each shared bathroom area, such as windows, extract ventilation, none, other:			
5.7	Does every unit of living accommodation contain a wash hand basin?			
	Yes <input type="checkbox"/> No <input type="checkbox"/>			

PART 6: SERVICES AND MANAGEMENT

<p>Some questions in this section are marked *. You must complete these questions to enable your application to be considered.</p> <p>This section also includes some questions providing information that will enable us to make an assessment of the priority for inspection of the property. You are not obliged to answer these questions. However, if you do not do so, we are likely to consider the property to be a higher priority for inspection.</p>				
6.1	Property details – is there a schedule for:			
		Yes	No	
	Planned maintenance	<input type="checkbox"/>	<input type="checkbox"/>	
	Inspection of furniture / facilities / equipment	<input type="checkbox"/>	<input type="checkbox"/>	
	If yes, please provide brief details below:			
Fire precautions				
6.2	Is there a system of smoke / heat detectors incorporating:		Yes	No
	A fire alarm panel		<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"/>
	Sounders / alarms on all levels		<input type="checkbox"/>	<input type="checkbox"/>
6.2.1	Is a contractor employed to maintain and inspect the fire alarm system?		<input type="checkbox"/>	<input type="checkbox"/>
	If yes, please state who:			
6.2.2	Is there a log-book of inspection / testing?		<input type="checkbox"/>	<input type="checkbox"/>
	If yes, where is it kept?			
6.2.3	Is there a current fire alarm test certificate?		<input type="checkbox"/>	<input type="checkbox"/>
	If yes, please provide copy.			
6.2.4	Is there a current emergency lighting test certificate?		<input type="checkbox"/>	<input type="checkbox"/>
	If yes, please provide copy.			
6.2.5	Is there a service contract for the alarm and lighting systems?		<input type="checkbox"/>	<input type="checkbox"/>
	If yes, please provide copy.			

		Yes	No
6.2.6	Are fire extinguishers provided?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, please state type and location:		
6.2.7	Are the kitchens / kitchen areas protected by fire doors?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, are these fire doors fitted with:		
	Smoke seals	<input type="checkbox"/>	<input type="checkbox"/>
	Intumescent strips	<input type="checkbox"/>	<input type="checkbox"/>
	Self closers	<input type="checkbox"/>	<input type="checkbox"/>
6.2.8	Are the remaining rooms opening on to the main escape route protected by fire doors?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, are these fire doors fitted with:		
	Smoke seals	<input type="checkbox"/>	<input type="checkbox"/>
	Intumescent strips	<input type="checkbox"/>	<input type="checkbox"/>
6.2.9	Is the escape route kept clear of flammable material and other obstructions?	<input type="checkbox"/>	<input type="checkbox"/>
6.2.10	Are fire blankets provided in the kitchens?	<input type="checkbox"/>	<input type="checkbox"/>
6.2.11	Do you provide any fire safety training/advice to occupiers?	<input type="checkbox"/>	<input type="checkbox"/>
6.3	Heating and utilities		
6.3.1	What form of heating does the property have?		
	Gas-fired central heating	<input type="checkbox"/>	<input type="checkbox"/>
	Off-peak night storage heaters	<input type="checkbox"/>	<input type="checkbox"/>
	Individual wall-mounted gas heaters	<input type="checkbox"/>	<input type="checkbox"/>
	Individual wall-mounted electric heaters	<input type="checkbox"/>	<input type="checkbox"/>
	Other – please specify:		
	Is heating provided in each unit of living accommodation?	<input type="checkbox"/>	<input type="checkbox"/>
6.3.2	Is there a gas installation to the property?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, please enclose a copy of a valid landlords' Gas Safety Certificate.		
6.3.3	Has a competent electrical engineer issued an electrical safety certificate (Periodic Inspection Report) within the last five years, certifying that the whole electrical installation is safe for use? If yes, please enclose a copy.	<input type="checkbox"/>	<input type="checkbox"/>
6.4	Electrical appliances and furniture		
6.4.1	Is furniture provided in the property?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, is all upholstered furniture compliant with current fire safety regulations?	<input type="checkbox"/>	<input type="checkbox"/>
6.4.2	Are electrical appliances provided in the property?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, are all electrical appliances compliant with current safety regulations?	<input type="checkbox"/>	<input type="checkbox"/>

Please confirm whether the following is provided for the tenants:		Yes	No
Tenancy agreement/written details of terms of tenancy		<input type="checkbox"/>	<input type="checkbox"/>
Rent book/receipts		<input type="checkbox"/>	<input type="checkbox"/>
Repairs contact/procedure		<input type="checkbox"/>	<input type="checkbox"/>
Emergency telephone numbers for all contractors		<input type="checkbox"/>	<input type="checkbox"/>
Are all occupiers provided with a written statement of the terms of their tenancy/occupancy?			
Yes <input type="checkbox"/> No <input type="checkbox"/>			
A licence holder must have the financial arrangements necessary to make sure that the property is properly managed and maintained.			
Is the proposed licence holder or any other person involved in the management of the house an undischarged bankrupt?		<input type="checkbox"/>	<input type="checkbox"/>
If yes, please provide details.			
Are there any outstanding County Court judgements against the proposed licence holder or any other person involved with the management of the house or any company of which they are director or secretary?		<input type="checkbox"/>	<input type="checkbox"/>
If yes, please provide details.			
If the proposed licence holder does not hold a freehold interest or long lease with full repairing obligations please answer the following questions			
Do they have power to carry out any works required by the local authority?		<input type="checkbox"/>	<input type="checkbox"/>
Is there any financial limitation on the amount of work they can carry out?		<input type="checkbox"/>	<input type="checkbox"/>
6.7.3*	Please detail below the value of work that can be carried out without further authorisation, and the procedure that must be followed if works exceed this limit.		

Any further information that will help to assess the management skills of the proposed licence holder / manager should be provided here. Please use extra sheets of paper if necessary.

PART 7: DECLARATION OF THE 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 make a rent repayment order requiring you to repay any rents due during the period for which the property was unlicensed.

I/we declare that the information contained in this application is correct to the best of my/our knowledge. I/We understand that I/we commit an offence if I/we supply any information to a local housing authority in connection with any functions under Parts 1 to 4 of the Housing Act 2004 that is false or misleading and which I/we know is false or misleading or I/we are reckless as to whether it is false or misleading.

Name – please print:		Date:	
Signature:			
Name – please print:		Date:	
Signature:			

Enclosures			
		YES	NO
a.	Evidence of permanent residential address of proposed licence holder (<i>copies accepted</i>)	<input type="checkbox"/>	<input type="checkbox"/>
b.	Fire alarm test certificate	<input type="checkbox"/>	<input type="checkbox"/>
c.	Emergency lighting system test certificate	<input type="checkbox"/>	<input type="checkbox"/>
d.	Service contract for alarm and fire systems	<input type="checkbox"/>	<input type="checkbox"/>
e.	Landlord's Gas Safety Certificate	<input type="checkbox"/>	<input type="checkbox"/>
f.	Periodic Inspection Report	<input type="checkbox"/>	<input type="checkbox"/>
g.	Building Regulations completion certificate (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
h.	Cheque for licensing fee	<input type="checkbox"/>	<input type="checkbox"/>

PART 8: DECLARATION OF NOTIFICATIONS BY THE APPLICANT AND PROPOSED LICENCE HOLDER

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

- any mortgagee of the property
- any other person / agent having a financial interest in 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 long 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 other person having control of the property
- 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 e-mail address or fax number (if any)
- the name, address, telephone number and e-mail address or fax number (if any) 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 to which the application relates
- the name and address of the local authority to which the application will be made
- the date the application will be submitted.

I / We confirm that I / we have served notice of this application on the following people, who are the only people known to me / us that are required to be informed that I / we have made this application.

Name – please print:		Date:	
Signature:			
Name – please print:		Date:	
Signature:			

Name:	
Address:	
Postcode:	
Interest in the property or the application:	
Date of Notification:	

Name:	
Address:	
Postcode:	
Interest in the property or the application:	
Date of Notification:	

Name:	
Address:	
Postcode:	
Interest in the property or the application:	
Date of Notification:	

Name:	
Address:	
Postcode:	
Interest in the property or the application:	
Date of Notification:	