

## LICENSING OF HOUSES IN MULTIPLE OCCUPATION HOUSING ACT 2004, PART 2

# APPLICATION FOR MANDATORY LICENSING SCHEME

Please ensure all parts of the form are completed in either black or bl	lue ink. If you do not complete the form correctly and the
form has to be returned to you - an additional administrative fee may	be charged.

If you need any assistance completing the form, please contact Environmental Health on 01706 217777 option 5

## PART 1 – PREMISES DETAILS:

### 1.1 Postal address of property:

Postcode:

1.2	Licence application:			
	Indicate whether new licence or renewal (Please tick one box).			
	New licence application			
	Application for licence renewal	Expiry date of existing licence	20	

## 1.3 Building regulation applications and planning permission:

Have any applications been approved in respect of any alterations carried out to premises?

If Yes: please give brief details including a reference number.

Yes / No

1.4	Age of property: (P	lease tick <u>one</u> box).		
		Pre 1919	1946 – 1964	Post 1980
		1919 – 1945	1965 – 1980	
1.5	Form of structure:	(Please tick <u>one</u> box).		
	Detached	Semi detache	d Terraced	Residential block
	End terrace	Back to back t	terrace Grouped Desig	n
	Self contained flats	: (Please state number).		
	Number of sel	f-contained flats	Number of non self	contained flats
1.6	Details of Floors in	property:		
		Does the property ontain the following floors?	ls the floor or part of floor available for residential use	Give a brief description of the use of any <u>non-residential</u> areas (e.g.: storage areas, commercial use)
	Basement	Yes / No	Yes / No	
	Ground Floor	Yes / No	Yes / No	
	1 <sup>st</sup> Upper Floor	Yes / No	Yes / No	
	2 <sup>nd</sup> Upper Floor	Yes / No	Yes / No	
	3 <sup>rd</sup> Upper Floor	Yes / No	Yes / No	
	4 <sup>th</sup> Upper Floor	Yes / No	Yes / No	
	5 <sup>th</sup> Upper Floor	Yes / No	Yes / No	
	Attic or loft area	Yes / No	Yes / No	
1.7	Dataila of internal f	lixturaa in proportuu (C	See Application Guidelines for further explana	£)
1.7	Total number of sep			
	Total number of hab	-		
	Total number of slee	ping rooms:		
	Total number of bath	hrooms/shower rooms:		Shared En-Suite
	Total number of toile	toilets should only be countered by the countered of the	ed if there is a wash hand basin sited in the same ro	om Shared En-Suite
	Total number of was	sh hand basins:		Shared En-Suite
	Total number of sink	ks (not including wash h	and basins):	Shared Within let
	Total number of kitcl	hens (including kitchens	s with double facilities):	Shared Within let

Total number of households occupying the property:

Total number of people occupying the property:

1		
1.8	Is there a system of automatic fire detection and alarms incorporating?	
	- smoke detectors?	Yes / No
	- heat detectors?	Yes / No
	- a fire alarm panel?	Yes / No
	- sounder alarms?	Yes / No
	Does the system comply with BS5839 Part 1?	Yes / No
	Date the system was installed?	
	- Date of last inspection? (Certificate to be enclosed with application)	
	- Who inspected the system?	
	(Please give name and address of contractor)	
		Postcode
-		
1.9	Emergency lighting:	

	Is there an emergency lighting system installed in the	common areas, staircase, and landing	s? Yes / No	
	- Date the system was installed?			
	<ul> <li>Does the system comply with BS5</li> </ul>	266?	Yes / No	
	- Date of last inspection? (Certificat	e to be enclosed with application)		
	- Who inspected the system? (Please give name and address of contractor)			
			Postcode	
1.10	Main escape route:			
	Is the main escape route:			

-	protected by self-closing fire resisting doors?	Yes / No
-	clear of flammable material and other obstructions?	Yes / No
-	is there a Fire Safety Log book of inspection / tests?	Yes / No

1.11	Gas installation and appliances:			
	Do you provide gas installations/appliances to any part of the property? Yes / No			
	- Details of a valid gas safety inspection certificate for all installations and appliances from a Gas Safe registered fitter. (Certificate must be valid within previous 12 months) Gas Safe Registration Number			
	- Date of last inspection? (Certificate to be enclosed with application)			
	- Who inspected the system? (Please give name and address of contractor)			
	Postcode			

1.12	Electrical installations and fittings - including fire alarm and emergency lighting installations:		
	- Details of a valid periodic electrical safety ins (Certificate to be enclosed with application)	Dection certificate Certificate Number	
	- Who undertook the last inspection? (Please give name and address of contractor)		
		Postcode	

1.13	B Portable Electrical Appliances: eg: kettle, vacuum cleaner.		
	Do you provide portable electrical appliances to any part of the property	? Yes / No	
	- Details of a valid electrical safety inspection certificate for all appliances (Certificate to be enclosed with application)	Certificate Number	
	- Who undertook the last inspection? (Please give name and address of contractor)		
		Postcode	

1.14	Furniture and Soft Furnishings:	
	Do you provide furniture/soft furnishings to any part of the property? Yes / No	
	If YES – are the furniture/soft furnishings in good and safe condition? Yes / No	
	<b>Note:</b> Upholstered articles such as beds, sofas, armchairs etc <u>must</u> conform to current Fire Safety Regulations. (Please see application form guidelines for further information).	

1.15	Tenancy Arrangements:	
	Do you provide tenants with a written statement / tenancy agreement detailing the terms of their occupancy?	Yes / No
	<b>Note:</b> If YES – please enclose an example with your application.	
L		
1.16	Anti-social behaviour:	
	Do you take steps to prevent or reduce anti-social behaviour by persons <u>either</u> occupying or visiting the property?	Yes / No

If Yes: Please provide brief details of measures taken to reduce anti-social behaviour:

PART 2	PART 2 - DETAILS ABOUT THE APPLICANT(S) AND MANAGER(S):				
2.1	Details of the proposed licence holder:				
	Full Name:				
	Maiden Name:	(If applicable)			
	Date of Birth:	Place of Birth			
	Address:				
		Postcode: Tel No:			
	E-mail:				

## 2.2 Basic Disclosure and Barring Service Check – proposed licence holder:

The proposed Licence Holder will be subject to a basic criminal record check from the Disclosure and Barring Service. The proposed Licence Holder will need to complete an online Basic Disclosure and Barring Service.application.

Note: This declaration must be completed by the proposed Licence Holder.

"I am the proposed Licence Holder and hereby consent to be subject to a Basic Disclosure and Barring Service check. I will complete an application for a Basic Disclosure and Barring Service check and agree to the information received as a result of the check being used by the Council in the licence decision making process".

Proposed Lic	ence Holder: (print <u>full</u> name)		 		-
Signature:		Date:		20	]

2.3	<b>Details of person completing application form.</b> (If this is the person named in Section 2.1 & 2.2 – please write 'PROPOSED LICENCE HOLDER')		
	Name:		
	Address:		
		Postcode:	
	Tel. No:		
	E-mail:		

2.4	Details of person managing the house: (If this is the person named in Section 2.1 & 2.2 – please write 'PROPOSED LICENCE HOLDER')			
	Full Name:			
	Address:			
		Postcode:	Tel No:	
	E-mail:			
2.5		son controlling the house: n named in Section 2.1 & 2.2 – please	write 'PROPOSED LICENCE HOLDER')	
	Full Name:			
	Address:			
		Postcode:	Tel No:	
	E-mail:			
2.6	(Use additional she	other person(s) who has agr eet if necessary or if this section does r	reed to be bound by conditions contained in the licence: not apply- please write 'NONE')	
	Full Name:			
	Address:			
		Postcode:	Tel No:	
	E-mail:			
2.7		ther properties that are alrea icensed HMO's or selectively	dy licensed under Parts 2 or 3 of the Act by the <u>Proposed Licence Holder</u> licensed properties:	
	(Use additional shee	t if necessary or if this section does no	t apply– please write 'NONE')	
	Postal address	of property:		
			Postcode:	
	Postal address	of property:		
			Postcode:	

2.8		any of the applicants are a company, partnership, or trust, please indicate which and complete the following: Jse additional sheet if necessary or if this section does not apply– please write 'NONE')		
2.8(a)		iny / partnership / trust information: including registered address or principal trading address where appropriate: s appropriate)		
	Tel:	E-mail:		
2.8b)	Names ar	s and Addresses of all directors/partners/trustees: (please use separate sheet if necessary)		
	Tel:	E-mail:		
2.8(c)	Name and	ame and address of company secretary:		
	Tel:	E-mail:		
2.9	Please con	firm by signature all partners or the trustees contact address for the company: (pleas	e use separate sheet if necessary)	
	Address:			
	Postcode:	Tel:		
	Fax:	E-mail address:		
			Delete as appropriate	
	Signed:	Name:	Director Partner Trustee	
	Signed:	Name:	Director Partner Trustee	

## 2.10 The following details must be supplied in relation to any person that the applicant proposes will be involved in the management of the house:

- a) information concerning any unspent convictions that may be relevant to the proposed licence holder's fitness to hold a licence and in particular any offence involving fraud or other dishonesty, or violence or drugs or any offence listed in Schedule 3 to the Sexual Offences Act 2003;
- b) details of any finding by a court or tribunal against the proposed licence holder that he has practised unlawful discrimination on grounds of sex, colour, race, ethnic or national origins or disability in, or in connection with, the carrying on of any business;
- c) details of any contravention on the part of the proposed licence holder of any provision of any enactment relating to housing, environmental health or of landlord and tenant law; including any civil proceedings in which judgement was made against the proposed licence holder;
- d) information about any property the proposed licence holder owns or has owned which has been subject to a control order under section 379 of the Housing Act 1985(a) in the last 5 years;
- e) information about any property for which the proposed licence holder has been refused a licence under Parts 2 or 3 of the Act;
- f) information about any condition of a licence granted under Parts 2 or 3 of the Act that the proposed licence holder has breached;
- g) information about any act of the proposed licence holder that was otherwise than in accordance with a Code of Practice approved under section233 of the Act that concerns a property owned by him/her;
- h) information about any property that the proposed licence holder owns or has owned that has been the subject of any proceedings (whether court or otherwise) by a local authority, including details of any work that the local authority has carried out as a result of default on the part of the proposed licence holder;
- i) information about any property the proposed licence holder owns or has owned that has been the subject of an interim or final management order or a special interim management order under the Act;

The Council in addition may approach other Local Authorities and agencies such as the Police, Fire and Rescue Service, Office of Fair Trading, Citizens Advice Bureau, Health and Safety Executive and any internal department or agent of the Council.

If any of the items described in a) to i) above apply, please provide details below. If none apply, please write NONE.

## PART 3 – NOTIFICATION OF APPLICATION:

#### IMPORTANT INFORMATION ABOUT YOUR OBLIGATIONS TO LET OTHERS KNOW YOU HAVE MADE THIS APPLICATION

You must let certain persons know in writing that you have made this application or give them a copy of it.

#### The persons who need to know about it are:

- 1. Any mortgagee of the property
- Any owner of the property to which the application relates (if that is not you ) i.e. the freeholder and any head lessees who are 2. known to you
- 3. 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 for less than three years (including a periodic tenancy)
- 4. The proposed licence holder (if that is not you)
- 5. 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 6.

#### You must tell each of these persons:-

- 1. Your name, address, telephone number and e-mail address
- The name, address, telephone number and e-mail address of the proposed licence holder (if it will not be you) 2.
- 3. Whether this is an application under Part 2 or Part 3 of the Housing Act 2004 i.e. selective licensing or mandatory HMO licensing
- 4. The address of the property to which it relates
- 5. The name and address of the local housing authority to which the application will be made
- 6. The date the application will be submitted

#### Please complete the declaration below:

I/we declare that I/we have served a notice of this application on the following persons who are the only persons known to me/us that are required to be informed that I/we have made this application.

(See Application Guidelines for further explanation and example of notices).

Contact Address	Description of person's interest in the property and/or application	Date notice served
	Contact Address	Contact Address       Description of person's interest in the property and/or application         Image: state of the sta

## PART 4 - DECLARATION:

I/we understand that public funds must be protected and so the information I/we have provided on this form may be used to
prevent and detect fraud. I/we also understand that the information may be shared, for the same purposes, with other
organisations that handle public funds. 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 knowingly supply any information to a local housing
authority in connection with any of their functions under any of 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. I understand and accept
that if I/we withhold information or provide false or misleading information this may result in my application being rejected.

## To be completed by <u>all</u> applicants

Print full name:		
Signature:	Date:	20
Print full name;		
Signature:	Date:	20
Print full name:		
Signature:	Date:	20
Print full name:		
Signature:	Date:	20

#### GENERAL DATA PROTECTION REGULATION 2016 AND THE DATA PROTECTION ACT 2018 YOUR PERSONAL DATA

Rossendale Borough Council respects your personal information and undertakes to comply with the current UK Data Protection legislation. The personal data you have provided will be used to process the application in terms of the Housing Act 2004. Your data may be disclosed to the Police, Fire Service and other Council Departments involved in the processing of the application and elected members when considering the application. The data (with the exception of details of any convictions) will also be kept in a register, which is open to public inspection. Rossendale is a registered Data Controller.

## **Equal Opportunities Monitoring**

The **Council** is committed to providing equality of opportunity and eliminating discrimination for all sections of our community. We aim to treat all applicants fairly and without bias. For this reason we need to monitor the application process. To assist in the implementation and monitoring of our equal opportunities policy, the proposed Licence Holder is asked to provide the following information below. The information you provide will be treated in the strictest confidence.

## To be completed by the proposed Licence Holder

Ethnic Origin				
	Ethnic origin questions are <u>not</u> about nationality, place of birth or citizenship. They are about colour and broad ethnic group. UK citizens can belong to any of the groups indicated below. Would you describe your ethnic origin as:			
WHITE	British Irish Any other White background - please write below			
MIXED	White and Black Caribbean White and Black African White and Asian Any other Mixed background - please write below			
ASIAN or ASIAN BRITISH	Indian       Pakistani         Bangladeshi       Kashmiri         Any other Asian background - please write details below			
BLACK or BLACK BRITISH	Caribbean African Any other Black background - please write below			
CHINESE or Other ethnic background	Chinese Any other ethnic background - please write below			

Please return completed form with your application