

# SOUTH HOLLAND 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. 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 01775 761161

The standard fee for a licence is payable on application and is not refundable. Further charges may be applied depending on the work the Council undertakes in relation to this particular application.

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

<b>Address of HMO to be licensed:</b>	
	Postcode:

<b>Name and address of the owner of the property to be licensed</b>	
<b>Title:</b>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other
<b>Last name:</b>	
<b>First name:</b>	
<b>Address:</b>	
	Postcode:

<b>Name and address of the managing agent of the property to be licensed, if applicable</b>	
<b>Title:</b>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other
<b>Last name:</b>	
<b>First name:</b>	
<b>Company name:</b>	
<b>Address:</b>	
	Postcode:

<b>Please indicate who the proposed licence holder will be. If 'other', please state name, address and interest in property overleaf.</b>		
Property owner: <input type="checkbox"/>	Managing agent: <input type="checkbox"/>	Other: <input type="checkbox"/>

<b>Name and address of the proposed licence holder, if not the owner or managing agent.</b>	
<b>Title:</b>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other
<b>Last name:</b>	
<b>First name:</b>	
<b>Address:</b>	
	Postcode:
<b>Interest in property:</b>	

If the proposed licence holder is **not** the owner of the property, the owner and proposed licence holder must sign the following declaration ...

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:			

<b>Please indicate the type of licence you are applying for ...</b>	
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"/>
<b>Please indicate the type of house for which the application is made ...</b>	
House in multiple occupation	<input type="checkbox"/>
Flat in multiple occupation	<input type="checkbox"/>
House converted into and comprising only of self-contained flats	<input type="checkbox"/>
<b>Please indicate how the HMO is operating ...</b>	
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 PROPOSED LICENCE HOLDER**

1.1 Name and address of proposed licence holder: **The address provided for an individual should be their permanent residence address and adequate proof must be provided. Examples would include: driving licence; recent bank or building society statement or recent tax correspondence; recent utility bill.**

<b>Title:</b>		Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other
<b>Last name:</b>						
<b>First name:</b>						
<b>Residential address:</b>						
		Postcode:				
<b>Home telephone no:</b>						
<b>Work telephone no:</b>						
<b>Mobile telephone no:</b>						
<b>e-mail address:</b>						
<b>National Insurance no:</b>						
<b>Proof of address:</b>						
<b>Interest in property:</b>						
<b>Ethnicity</b>	<b>Asian or Asian British</b>	Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Any other Asian background <input type="checkbox"/>	
	<b>Black or Black British</b>	Caribbean <input type="checkbox"/>	African <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 write in			
	<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"/>		

1.2 If the proposed licence holder is a company, partnership, charity or trust, please indicate which and complete the following. If not, please go to question 5.

<b>Company</b> <input type="checkbox"/> <b>Partnership</b> <input type="checkbox"/> <b>Charity</b> <input type="checkbox"/> <b>Trust:</b> <input type="checkbox"/>	
<b>Company/partnership/charity/trust address including registered office:</b>	
	Postcode:
<b>Telephone no:</b>	
<b>e-mail address:</b>	
<b>National Insurance no:</b>	

1.3	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:		

1.4	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
	Company Secretary address:	
		Postcode:
	Telephone no:	
	e-mail address:	
National Insurance no:		

1.5	Please provide an address where all official correspondence should be sent. All partners / trustees should sign their agreement to this address. This will be the address used on the public register.	
	Name of person/company:	
	Correspondence address:	
		Postcode:
	Telephone no:	
e-mail address:		

I hereby give agreement to the above address being used for all official correspondence and on the public register provided by South Holland District Council.			
Name – please print:		Signature:	
Name – please print:		Signature:	
Name – please print:		Signature:	
Name – please print:		Signature:	

1.6	<b>Fit and Proper Person – see guidance note</b>				
	The local authority must consider evidence whether the proposed licence holder, <b>and any person associated or formerly associated with them</b> , whether on a personal, work or other basis, is a fit and proper person.				
1.6.1	Has the proposed licence holder – PLH, or anyone associated with the proposed licence holder, ever been cautioned by the Police or convicted of an offence involving any of the following? <b>Please note that convictions that are spent under the Rehabilitation of Offenders Act 1974 do not need to be declared.</b>				
		<b>PLH</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"/>
	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.				
	<b>Date of offence</b>	<b>Date heard</b>		<b>Court / Police Force</b>	
1.6.2	Has the proposed licence holder – PLH, or anyone associated with the proposed licence holder, ever been subject to unlawful discrimination proceedings relating to their business, involving the following?:				
		<b>PLH</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"/>
	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.				
	<b>Date of offence</b>	<b>Date heard</b>		<b>Court / Police Force</b>	
1.6.3	Has the proposed licence holder – PLH, or anyone associated with the proposed licence holder, ever been cautioned or convicted of an offence under Housing standards or Public Health legislation, such as failure to comply with a statutory Notice, failure to apply for HMO Registration / Licence, breach of registration/licence conditions?				
		<b>PLH</b>		<b>Associate</b>	
	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>Yes</b>	<b>No</b>	

1.6.4	Has the proposed licence holder – PLH, or anyone associated with the proposed licence holder, ever been cautioned or convicted of an offence under Landlord and Tenant Law, such as harassment or illegal eviction?					
			<b>PLH</b>		<b>Associate</b>	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
1.6.5	Has the proposed licence holder – PLH, or anyone associated with the proposed licence holder, ever been cautioned or convicted of an offence under Building Regulations or Planning Laws?					
			<b>PLH</b>		<b>Associate</b>	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
For questions 6.3, 6.4 and 6.5, if you have ticked 'yes', please provide details, date heard and the Court or Police Force involved. Please use extra sheets of paper if necessary.						
<b>Details of offence</b>		<b>Date heard</b>	<b>Court / Police Force</b>		<b>Local Authority</b>	
1.6.6	Within the last five years, has the proposed licence holder – PLH, or anyone associated with the proposed licence holder, been served with: Statutory Notices under the Housing Acts 1985 and 2004; Statutory Nuisance Notices under the Environmental Protection Act 1990; or Enforcement Notices under Planning or Building Control Legislation?					
			<b>PLH</b>		<b>Associate</b>	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If relevant, provide details of the type of notice served, date served and local authority involved. Please use extra sheets of paper if necessary.						
<b>Details of Notice</b>		<b>Date served</b>		<b>Local authority involved</b>		
1.6.7	Within the last five years, has any local authority had to undertake any 'work in default' further to a failure by the proposed licence holder – PLH, or anyone associated with the proposed licence holder, to comply with a Statutory Notice under Housing, Public Health, Planning or Building Control Legislation?					
			<b>PLH</b>		<b>Associate</b>	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
1.6.8	Within the last five years has any local authority had to undertake any 'work in default' further to a failure by the proposed licence holder – PLH, or anyone associated with the proposed licence holder, to comply with a Statutory Notice under Housing, Public Health, Planning or Building Control Legislation?					
			<b>PLH</b>		<b>Associate</b>	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If relevant, provide details below. Please use extra sheets of paper if necessary.						
<b>Details of Notice</b>		<b>Date notice served</b>	<b>Local authority involved</b>		<b>Nature of works in default</b>	

1.6.9	Has the proposed licence holder – PLH, or anyone associated with the proposed licence holder, ever owned, managed or had involvement with a property which has been the subject of a Control Order under the Housing Act 1985 or an Interim/Full Management Order under the Housing Act 2004?					
			<b>PLH</b>		<b>Associate</b>	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If relevant, provide details below. Please use extra sheets of paper if necessary.					
	<b>Details of Notice</b>	<b>Date notice served</b>	<b>Local authority involved</b>		<b>Nature of works in default</b>	
1.6.10	Has the proposed licence holder – PLH, or anyone associated with the proposed licence holder, ever been refused registration under an HMO Registration Scheme made under the Housing Act 1985, or had any such registration revoked for a breach of conditions?					
			<b>PLH</b>		<b>Associate</b>	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If relevant, provide details below. Please use extra sheets of paper if necessary.					
	<b>Date and details of refusal / revocation</b>			<b>Local authority involved</b>		
1.6.11	Has the proposed licence holder – PLH, or anyone associated with the proposed licence holder, 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?					
			<b>PLH</b>		<b>Associate</b>	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If relevant, provide details below. Please use extra sheets of paper if necessary.					
	<b>Date and details of refusal / revocation</b>			<b>Local authority involved</b>		
We will require the proposed licence holder to obtain a Criminal Records Bureau basic information check to confirm the information given. Please see details in part 6. We may also approach other services within the Council, other authorities such as the Police, Fire & Rescue Service, Office of Fair Trading, and so on, for information. The proposed licence holder must sign the declaration below to indicate their agreement to these enquiries.						

<b>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.</b>			
Name – please print:		Date:	
Signature:			

1.6.12	Has the proposed licence holder applied to be a licence holder in respect of any other properties situated in any other local authority area? Please provide details below, and use extra sheets of paper if necessary.		
	<b>Address of property</b>	<b>Name and address of local council issuing licence</b>	<b>Date of issue of licence</b>
1.6.13	Is the proposed licence holder an accredited landlord in this or another authority? Please indicate and provide details of the scheme operator.		
1.6.14	Number of other properties owned by the proposed licence holder within this authority.		
1.6.15	Number of other properties owned by the proposed licence holder in another authority.		
1.6.16	Is the proposed licence holder a member of any landlords association or other professional body? Please indicate which.		
1.6.17	Please list training courses / conferences attended – relevant to property management – by the proposed licence holder in the last three years.		

**PART 2: TO BE COMPLETED IF MANAGER EMPLOYED**

2.1	The manager's details should be provided in answers below. If a Managing Agency is employed, please go to question 2.	
	<b>Title:</b>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other
	<b>Last name:</b>	
	<b>First name:</b>	
	<b>Residential address:</b>	
		Postcode:
	<b>Home telephone no:</b>	
	<b>Work telephone no:</b>	
	<b>Mobile telephone no:</b>	
	<b>e-mail address:</b>	
	<b>National Insurance no:</b>	
	<b>Proof of address:</b>	
<b>Interest in property:</b>		
2.2	If the manager is a company, partnership, charity or trust, please indicate which and complete the following. If not, please go to question 5.	
	Company <input type="checkbox"/> Partnership <input type="checkbox"/> Charity <input type="checkbox"/> Trust: <input type="checkbox"/>	
	<b>Company/partnership/charity/trust address including registered office:</b>	
		Postcode:
	<b>Telephone no:</b>	
	<b>e-mail address:</b>	
<b>National Insurance no:</b>		

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 Company Secretary:	
	Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other
	Company Secretary address:	
		Postcode:
	Telephone no:	
	e-mail address:	
National Insurance no:		

2.5	Please provide an address where all official correspondence should be sent. All partners / trustees should sign their agreement to this address. This will be the address used on the public register.	
	Name of person/company:	
	Correspondence address:	
		Postcode:
	Telephone no:	
e-mail address:		

I hereby give agreement to the above address being used for all official correspondence and on the public register provided by >local authority<.			
Name – please print:		Signature:	
Name – please print:		Signature:	
Name – please print:		Signature:	
Name – please print:		Signature:	

2.6	<b>Fit and Proper Person – see guidance note</b>				
	The local authority must consider evidence whether the manager, <b>and any person associated or formerly associated with them</b> , whether on a personal, work or other basis, is a fit and proper person.				
2.6.1	Has the manager, or anyone associated with the manager, ever been cautioned by the Police or convicted of an offence involving any of the following? <b>Please note that convictions which are spent under the Rehabilitation of Offenders Act 1974 do not need to be declared.</b>				
		<b>Manager</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"/>
	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.				
	<b>Date of offence</b>	<b>Date heard</b>		<b>Court / Police Force</b>	
2.6.2	Has the manager, or anyone associated with the manager, ever been subject to unlawful discrimination proceedings relating to their business, involving the following:				
		<b>Manager</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"/>
	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 Force involved. Please use extra sheets of paper if necessary.				
	<b>Date of offence</b>	<b>Date heard</b>		<b>Court / Police Force</b>	
2.6.3	Has the manager, or anyone associated with the manager, ever been cautioned or convicted of an offence under Housing standards or Public Health legislation, such as failure to comply with a statutory Notice, failure to apply for HMO Registration / Licence, breach of registration / licence conditions?				
		<b>Manager</b>		<b>Associate</b>	
	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	

2.6.4	Has the manager, or anyone associated with the manager, ever been cautioned or convicted of an offence under Landlord and Tenant Law, such as harassment or illegal eviction?			
			<b>Manager</b>	<b>Associate</b>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.6.5	Has the manager, or anyone associated with the manager, ever been cautioned or convicted of an offence under Building Regulations or Planning Laws?			
			<b>Manager</b>	<b>Associate</b>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
For questions 6.3, 6.4 and 6.5, if you have ticked 'yes', please provide details, date heard and the Court or Police Force involved. Please use extra sheets of paper if necessary.				
<b>Details of offence</b>		<b>Date heard</b>	<b>Court / Police Force</b>	<b>Local Authority</b>
2.6.6	Within the last five years, has the manager, or anyone associated with the manager, been served with: Statutory Notices under the Housing Acts 1985 and 2004; Statutory Nuisance Notices under the Environmental Protection Act 1990, or Enforcement Notices under Planning or Building Control Legislation?			
			<b>Manager</b>	<b>Associate</b>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If relevant, provide details of the type of notice served, date served and local authority involved. Please use extra sheets of paper if necessary.				
<b>Details of Notice</b>		<b>Date served</b>	<b>Local authority involved</b>	
2.6.7	Within the last five years has any local authority had to undertake any 'work in default' further to a failure by the manager, or anyone associated with the manager, to comply with a Statutory Notice under Housing, Public Health, Planning or Building Control Legislation?			
			<b>Manager</b>	<b>Associate</b>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.6.8	Within the last five years has any local authority had to undertake any 'work in default' further to a failure by the manager, or anyone associated with the manager, to comply with a Statutory Notice under Housing, Public Health, Planning or Building Control Legislation?			
			<b>Manager</b>	<b>Associate</b>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If relevant, provide details below. Please use extra sheets of paper if necessary.				
<b>Details of Notice</b>		<b>Date Notice served</b>	<b>Local authority involved</b>	<b>Nature of works in default</b>

2.6.9	Has the manager, or anyone associated with the manager, ever owned, managed or had involvement with a property which has been the subject of a Control Order under the Housing Act 1985 or an Interim/Full Management Order under the Housing Act 2004?						
			<b>Manager</b>		<b>Associate</b>		
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	If relevant, provide details below. Please use extra sheets of paper if necessary.						
	<b>Details of Notice</b>		<b>Date Notice served</b>		<b>Local authority involved</b>		<b>Nature of works in default</b>
2.6.10	Has the manager, or anyone associated with the manager, ever been refused registration under an HMO Registration Scheme made under the Housing Act 1985, or had any such registration revoked for a breach of conditions?						
			<b>Manager</b>		<b>Associate</b>		
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	If relevant, provide details below. Please use extra sheets of paper if necessary.						
	<b>Date and details of refusal / revocation</b>			<b>Local authority involved</b>			
2.6.11	Has the manager, or anyone associated with the manager, 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?						
			<b>Manager</b>		<b>Associate</b>		
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	If relevant, provide details below. Please use extra sheets of paper if necessary.						
	<b>Date and details of refusal / revocation</b>			<b>Local authority involved</b>			
We will require the of the manager to obtain a Criminal Records Bureau basic disclosure check to confirm the information given. Please see details in part 6. We may also approach other services within the Council, other authorities such as the Police, Fire & Rescue Service, Office of Fair Trading, and so on for information. The manager must sign the declaration below to indicate their agreement to these enquiries.							

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

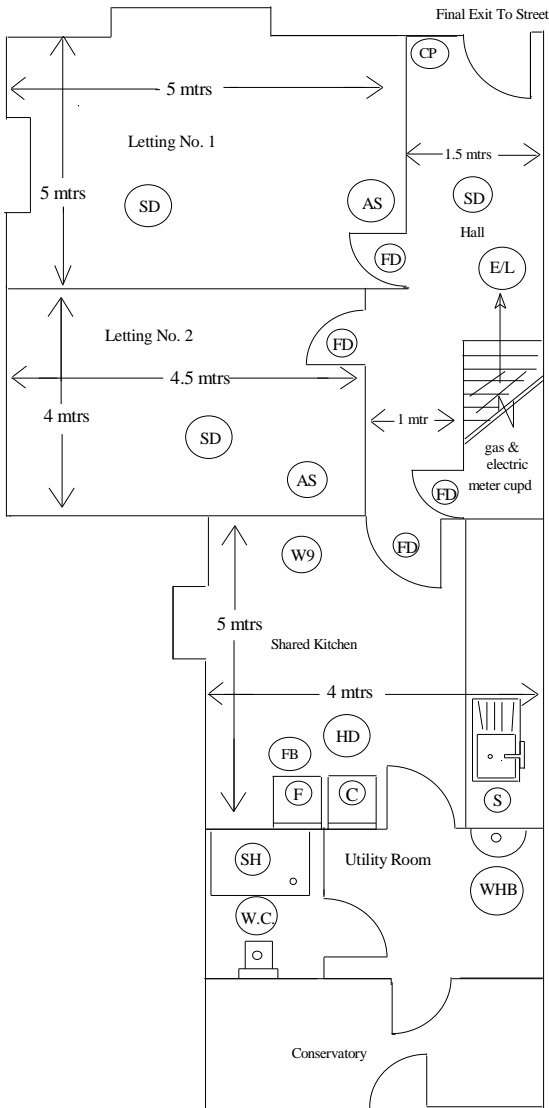
Name – please print:		Date:	
Signature:			

2.6.12	Has the manager applied to be a licence holder in respect of any other properties in South Holland or any other local area? Please provide details below:		
	<b>Address of property</b>	<b>Name and address of local council issuing licence</b>	<b>Date of issue of licence</b>
2.6.13	Is the manager a member of any landlords association or other professional body? Please indicate which.		
2.6.14	Is the manager an accredited landlord in this or another authority? Please indicate and provide details of the scheme operator.		
2.6.15	Please list training courses / conferences attended – relevant to property management – by the proposed license holder in the last three years.		

**PART 3: DETAILS OF PROPERTY TO BE LICENSED – to be completed for all properties**

3.1 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, or we can provide plans for you at a charge.

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

3.2	Type of property										
3.2.1	Please indicate the type of property to be licensed.										
	<b>Type:</b>	Detached <input type="checkbox"/>	Semi-detached <input type="checkbox"/>	Terrace <input type="checkbox"/>	End-terrace <input type="checkbox"/>	Other					
3.2.2	Please give approximate date of construction of the property.										
	<b>Date:</b>	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"/>					
3.2.3	If converted, approximate date of conversion:										
	<b>Date:</b>										
3.2.4	Please provide details of any building works carried out to the property. Please include copies of planning consents, building regulations approval or certificates issued on completion of works.										
	<b>Description of works</b>			<b>Date of completion</b>							
3.2.5	How many storeys are there in the property? (include basements and attics, but not cellars)										
	<b>Storeys:</b>	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"/>
3.2.6	Is any part of the property used for separate commercial activity?										
	Yes <input type="checkbox"/>	No <input type="checkbox"/>									
3.2.7	How many separate letting units are there in the house?										
	<b>Letting units:</b>	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	
3.3	People living in the property										
3.3.1	How many households occupy the property at present?										
3.3.2	How many individual people occupy the property at present?										
3.3.3	Is there a resident landlord?										
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, please go to question 2.7								
3.3.4	Is the proposed licence holder the resident landlord?										
	Yes <input type="checkbox"/>	No <input type="checkbox"/>									
3.3.5	Number of people resident in landlord's household?										
3.3.6	Which rooms in the property are occupied by resident landlord's household?										
3.3.7	Please indicate the number of households you would like the licence for.										
3.3.8	Please indicate the number of occupants you would like the licence for.										

3.3.9	Please complete the following table 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.		
		<b>Number of facilities</b>	<b>Number of people sharing facility</b>
	Rooms providing living accommodation		
	Rooms providing sleeping accommodation		
	Bathroom with toilet and wash hand basin		
	Separate bath		
	Separate shower		
	Separate toilet with wash hand basin		
	Separate toilet without wash hand basin		
	Kitchen		
	Cooker		
	Sink with drainer		
	Fridge without freezer		
	Fridge freezer		
	Kettle		
	Microwave oven		
	Food storage cupboard		
Fixed work surface for food preparation – please indicate quantity in square metres			
Electrical sockets in kitchen area above work tops			
Electrical sockets in kitchen area below work tops			
3.4	Please indicate the type of ventilation installed in each shared kitchen area, such as windows, extract ventilation, none, other:		
3.5	What refuse disposal facilities have been provided in the shared kitchen areas?		
3.6	Please indicate the type of ventilation installed in each shared bathroom area, such as windows, extract ventilation, none, other:		