

Application for a House in Multiple Occupation (HMO) Licence

Please fill in this form using BLOCK CAPITALS and in black or blue ink only. Write clearly within the boxes provided and complete in conjunction with the guidance notes. 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.

Only complete this application form for a House in Multiple Occupation that requires a licence. This can be assessed by reading the guidance notes accompanying this form.

Please return completed form to:
Housing Standards Department, East Lindsey District Council

I/WE APPLY for a HMO Licence Signed: Date:

Address of HMO to be licensed
(include postcode):

Please indicate the type of licence you are applying for:

- Application for a Licence.....
- Variation of an existing Licence.....
- Renewal of an existing Licence.....

Please indicate the type of house for which the application is being made (see note 1):

- House in multiple occupation
- Flat in multiple occupation
- A house converted and comprising only of self contained flats

Please indicate how the HMO is operating (see note 2):

- HMO - bed-sits.....
- HMO with shared facilities.....
- Household with lodgers.....
- A hostel, B&B
- Supported lodgings.....
- Other, please specify:

Have you applied for a HMO licence within another local authority?

Yes No

If you have ticked 'Yes', please indicate below which authority you have applied to for a licence or been granted a licence.

Local Authority	Date granted

Have you applied for a HMO licence for another HMO within the area of East Lindsey District Council?

Yes No

If you have ticked 'Yes', please fill in the details overleaf and go to **PART 2** unless any details in previous applications have changed. If any details have changed, please go to **PART 1** and complete all subsequent parts of the form.

If you have ticked 'No', please go to **PART 1** and complete all the necessary parts of the form, in full.

If the property does not require a licence, please complete the declaration on the reverse of this page and return to the above address.

The following details are required from applicants who have already submitted a HMO licensing application form(s) to enable the Council to find the records.

Details of the applicant

Title: Mr Mrs Miss Ms Other:

Full name:

Address (include postcode):

Telephone:

Details of the proposed licence holder, if different from applicant

Title: Mr Mrs Miss Ms Other:

Full name:

Address (include postcode):

Telephone:

Details of the manager/managing agent, if applicable

Title: Mr Mrs Miss Ms Other:

Full name:

Address (include postcode):

Telephone:

Details of the Person Having Control of the HMO (see note 5)

Title: Mr Mrs Miss Ms Other:

Full name:

Address (include postcode):

Telephone:

If the proposed licence holder is NOT the person having control of the property, the person having control of the property and the proposed licence holder MUST sign the following declarations:

I consent to being named as the proposed licence holder of the above named property.

Name

(please PRINT):

Signature:

Date:

I, as the person having control of the property, hereby give my consent to the above named being licence holder.

Name

(please PRINT):

Signature:

Date:

Please remember that a HMO that requires a licence must meet the following criteria:

- 1) must not be fully self-contained flats;
- 2) have five or more persons forming more than one household; and
- 3) live in the dwelling as their main or only residence.

If all criteria are met, please complete the form as required. If any of the criteria are not met, please complete the following declaration and return the application form to the address on page 1.

I confirm that the above property does not require a HMO licence.

Name (please PRINT):

Date:

Signature:

Interest in property:

PART ONE - PERSONAL DETAILS

SECTION 1: DETAILS OF APPLICANT

The applicant must be a named individual (see note 3)

1.1 Title: Mr Mrs Miss Ms Other:

Full name:

Residential address (include postcode):
(see note 4)

Proof of address: (see note 4) Driving licence Bank statement Utility bill
Other:

Business address (include postcode):
(if applicable)

Proof of address: (see note 4) Utility bill Business Rates

Home telephone:

Mobile telephone:

Work telephone:

Fax:

Email address:

Date of birth:

Interest in property: Owner Manager Leaseholder
Other:

1.2 Do you have control of the property? (see note 5) Yes No

1.3 Are you the proposed licence holder? Yes Please go to question 2.2
No Please go to question 2.1

SECTION 2: DETAILS OF PROPOSED LICENCE HOLDER

The proposed licence holder must be a named individual (*see note 3*)

2.1 Title: Mr Mrs Miss Ms Other:

Full name:

Residential address
(include postcode):
(*see note 4*)

Proof of address:
(*see note 4*) Driving licence Bank statement Utility bill
Other:

Business address
(include postcode):
(*if applicable*)

Proof of address: (*see note 4*) Utility bill Business Rates

Home telephone:

Mobile telephone:

Work telephone:

Fax:

Email address:

Date of birth:

Interest in property: Owner Manager Leaseholder
Other:

2.2 If the proposed licence holder is part of a company, partnership, charity or trust, please indicate which and provide contact details of all directors / partners / trustees - please use additional sheet(s) if more than two. If not part of a company, partnership, charity or trust, please go to question 2.4

Limited Company Partnership Charity Trust

Limited company/partnership/charity/trust name:

Registered company/charity no:

Director Partner Trustee

Full name:

Registered address
(include postcode):

Telephone no:

Fax no:

Email address:

Date of birth:

Director

Partner

Trustee

Full name:

Registered address
(include postcode):

Telephone no:

Fax no:

Email address:

Date of birth:

2.3 Please provide details of the company secretary/senior partner/trust secretary.

Title:

Mr

Mrs

Miss

Ms

Other:

Full name:

Company secretary address
(include postcode):

Telephone:

Fax:

Email address:

2.4 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 (see note 4).

Name of person/company:

Correspondence address
(include postcode):

Telephone:

Email address:

I, as a partner/trustee hereby give agreement to the above address being used for all official correspondence and on the public register provided by East Lindsey District Council.

Name (please print:)	<input type="text"/>	Signature:	<input type="text"/>
Name (please print:)	<input type="text"/>	Signature:	<input type="text"/>
Name (please print:)	<input type="text"/>	Signature:	<input type="text"/>

2.5 Is the proposed licence holder a member of any landlords association or other professional body?
Please indicate which.

Organisation	Since
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

2.6 Is the proposed licence holder an accredited landlord in this or another authority?
Please indicate and provide details of the scheme operator.

Authority	Scheme operator	Since
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

2.7 Please list training courses / conferences attended - relevant to property management - by the proposed licence holder.

Training course	Date
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

2.8 The local authority must be satisfied that a **licence holder** has the financial arrangements necessary to ensure that the property is properly managed and maintained. Please answer the following questions.

	Proposed Licence Holder	
	Yes	No
Do you have the authority to repair and maintain the property and have the financial arrangements necessary to repair the property?	<input type="text"/>	<input type="text"/>
Are you an undischarged bankrupt?	<input type="text"/>	<input type="text"/>
Are there any outstanding County Court judgements against you or any company of which you are director or secretary?	<input type="text"/>	<input type="text"/>

SECTION 3: DETAILS OF MANAGER/MANAGING AGENT IF DIFFERENT FROM PROPOSED LICENCE HOLDER

The proposed licence holder must be a named individual (see note 3)

3.1 Title: Mr Mrs Miss Ms Other:

Full name:

Residential address (include postcode):
(see note 4)

Proof of address: (see note 4) Driving licence Bank statement Utility bill
Other:

Business address (include postcode):
(if applicable)

Proof of address: (see note 4) Utility bill Business Rates

Home telephone:

Mobile telephone:

Work telephone:

Fax:

Email address:

Date of birth:

Interest in property: Owner Manager Leaseholder
Other:

3.2 If the manager/managing agent part of a company, partnership, charity or trust, please indicate which and provide contact details of all directors / partners / trustees - please use additional sheet(s) if more than two. If not part of a limited company, partnership, charity or trust, please go to question 3.4.

Limited Company Partnership Charity Trust

Limited company/partnership/charity/trust name:

Registered company/charity no:

Director Partner Trustee

Full name:

Registered address
(include postcode):

Telephone no:

Fax no:

Email address:

Date of birth:

Director Partner Trustee

Full name:

Registered address
(include postcode):

Telephone no:

Fax no:

Email address:

Date of birth:

3.3 Please provide details of the company secretary/senior partner/trust secretary.

Title:

Mr Mrs Miss Ms Other:

Full name:

Company secretary address
(include postcode):

Telephone:

Fax:

Email address:

3.4 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 (see note 4)

Name of person/company:

Correspondence address
(include postcode):

Telephone:

Fax

Email address:

I, as a partner/trustee, hereby give agreement to the above address being used for all official correspondence and on the public register provided by East Lindsey District Council.

Name (please print:)

Signature:

Name (please print:)

Signature:

Name (please print:)

Signature:

3.5 Is the manager/managing agent a member of any landlords' association or other professional body? Please indicate which.

Organisation	Since

3.6 Is the manager/managing agent accredited in this or another authority? Please indicate and provide details of the scheme operator.

Authority	Organisation	Since

3.7 Please list training courses / conferences attended - relevant to property management - by the manager/ managing agent.

Training course	Date

3.8 If you do not hold a freehold interest or long lease with full repairing obligations, please answer the following questions.

	Manager / Agent	
	Yes	No
Do you have the authority to carry out any works required to the property?		
Is there any financial limitation on the amount of work you can carry out?		

Please detail below the value of work you can carry out without further authorisation and the procedure which you must follow if works exceed this limit.

SECTION 4: DETAILS OF PERSON HAVING CONTROL OF PROPERTY

The person in control must be a named individual (*see note 5*)

4.1 Title: Mr Mrs Miss Ms Other:

Full name:

Residential address (include postcode):
(*see note 4*)

Proof of address: (see note 4) Passport Driving licence Bank statement
Other:

Business address (include postcode):
(*if applicable*)

Proof of address: (see note 4) Utility bill Business Rates

Home telephone:

Mobile telephone:

Work telephone:

Fax:

Email address:

Date of birth:

Interest in property: Owner Manager Leaseholder
Other:

4.2 Are you the freeholder or the leaseholder? Freeholder Leaseholder Neither

PART TWO - PROPERTY DETAILS

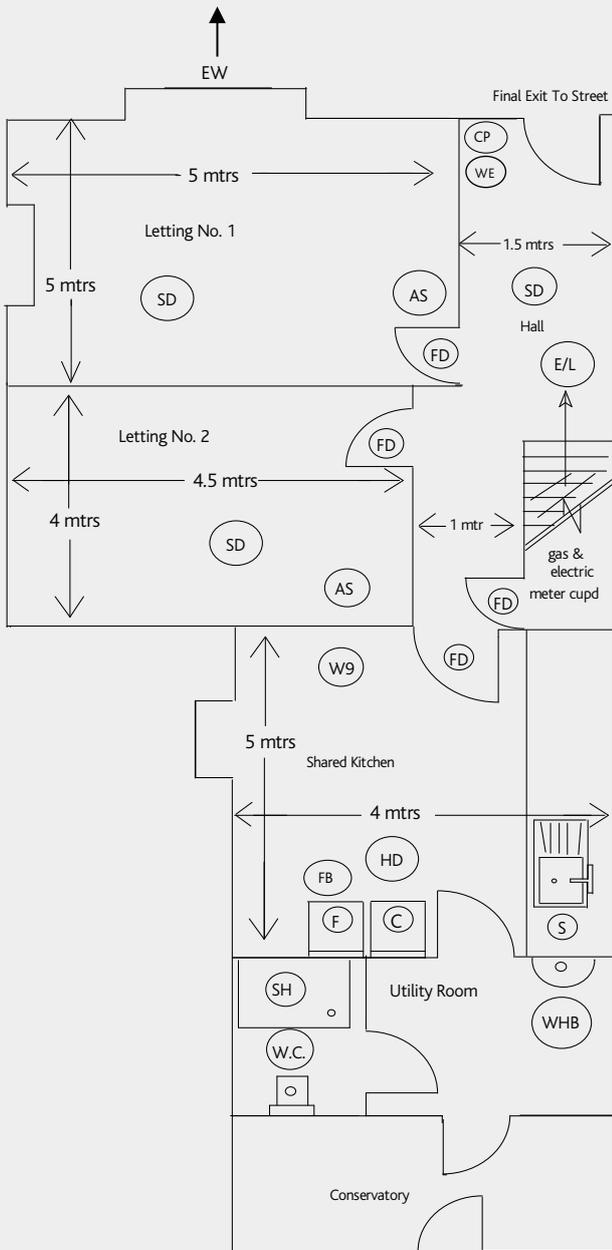
SECTION 1: DETAILS OF PROPERTY TO BE LICENSED

To be completed for all properties requiring a licence

- 1.1 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 sketch plans for you at a charge.

EXAMPLE GROUND FLOOR PLAN



Key of symbols to be used on plan

FD	Fire door
EW	Escape window
EL	Emergency lighting
CP	Manual call point
FAP	Fire alarm control panel
SD	Smoke detector linked to whole house system
HD	Heat detector linked to whole house system
AS	Alarm sounder linked to whole house system
SA	Combined smoke detector/alarm, maybe linked or stand-alone
HA	Combined heat detector/alarm, maybe linked or stand-alone
FB	Fire blanket
WE	Water extinguisher
FE	Foam extinguisher
DP	Dry powder extinguisher
SH	Shower
B	Bath
WC	Toilet
WHB	Wash-hand basin
C	Cooker
S	Sink
F	Fridge

NOTE: All fastenings to doors required for escape purposes must be thumb-turn type locks, easily openable from the inside without the use of a key

1.2 Please indicate the type of property to be licensed: Detached Semi-detached Terrace End terrace
Other (please indicate):

1.3 Please give approximate date of construction of the property: Pre 1919 1919 - 1945 1945 - 1964
1965 - 1979 Post 1980

1.4 If the property has been converted into self-contained flats, what was the approximate date of conversion?
Date:

1.5 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.

Description of works	Date of completion
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

1.6 How many storeys are there in the property?
Include habitable basements and attic conversions, but not cellars.
Storeys: 1 2 3 4 5 6 7 8 9 10

1.7 Over which levels are the storeys situated? (Such as: ground floor, first floor, second floor.)
Levels:

1.8 Is any part of the property used for separate commercial activity? Yes No

1.9 If Yes, please give details and location of the commercial activity below:

2.0 How many separate letting units - self-contained flats/bedrooms - are there in the property?
Units: 1 2 3 4 5 6 7 8 Other:

2.1 How many households occupy the property at present?
(See note 9 for 'household' definition.)

2.2 What is the maximum number of households that could occupy the property?

2.3 Please indicate the number of households you would like the licence for:

2.4 How many individual people occupy the property at present?

2.5 What is the maximum number of people who could occupy the property?

2.6 Please indicate the number of occupants you would like the licence for:

2.7 Is there a resident landlord? Yes No *If No, please go to question 3.0.*

2.8 Is the proposed licence holder the resident landlord? Yes No

2.9 Number of people resident in landlord's household, excluding landlord?

2.10 Which rooms in the property are occupied by resident landlord's household?

3.0 What form of heating is there in the bathroom/s? (For shared properties only.)

	Yes	No
Radiator/s as part of the gas/oil fired central heating system	<input type="checkbox"/>	<input type="checkbox"/>
Individual wall-mounted electric heater/s	<input type="checkbox"/>	<input type="checkbox"/>
Other, please state:		

3.1 What form of heating is there in the kitchen/s? (For shared properties only.)

	Yes	No
Radiator/s as part of the gas/oil fired central heating system	<input type="checkbox"/>	<input type="checkbox"/>
Individual wall-mounted electric heater/s	<input type="checkbox"/>	<input type="checkbox"/>
Electric storage heater/s	<input type="checkbox"/>	<input type="checkbox"/>
Other, please state:		

3.2 What form of heating is there in the common parts such as hallways and stairwells?

	Yes	No
Radiator/s as part of the gas/oil fired central heating system	<input type="checkbox"/>	<input type="checkbox"/>
Individual wall-mounted electric heater/s	<input type="checkbox"/>	<input type="checkbox"/>
Electric storage heater/s	<input type="checkbox"/>	<input type="checkbox"/>
Other, please state:		

3.3 Are there any gas appliances in the property? Yes No

If Yes, please provide a copy of a valid gas safety certificate.

3.4 Is furniture and/or furnishings provided as part of the letting arrangements? Yes No

If Yes, you must ensure that all upholstered furniture is safe to use and complies with the Furniture and Furnishings (Fire)(Safety) Regulations 1988.

3.5 Are portable electrical appliances, including cookers, refrigerators, freezers etc., provided as part of the letting arrangements? Yes No

If Yes, please provide current Portable Appliance Test Certificate(s) covering all such appliances.

SECTION 2: DETAILS OF FACILITIES AND MANAGEMENT

To be completed for all properties requiring a licence

4.1 Is there a system of fire detection incorporating:

	Yes	No
a fire alarm panel		
sounders / alarms on all levels		
emergency lighting in the common hallways		
mains powered smoke/heat alarms in kitchen/common rooms and hallways		
battery operated smoke alarms		

4.2 Is there a current fire alarm test certificate in compliance with BS5839? Yes No
If Yes, please provide a copy.

4.3 Is a contractor employed to inspect and maintain the fire alarm system? Yes No

If Yes, please state who:

4.4 Is there a current emergency lighting test certificate in compliance with BS5266? Yes No
If Yes, please provide a copy.

4.5 Is the kitchen(s) areas protected by fire doors? Yes No If Yes, are they fitted with:

	Yes	No
self closers		
smoke seals		
intumescent strips		

4.6 Are all the doors opening onto the main escape route 30 min fire resistant doors incorporating self closers, smoke seals and intumescent strips? Yes No If No, which doors are not

4.7 Are fire extinguishers provided? Yes No If Yes, please state type, location and last test date:

Type of extinguisher	Location of extinguisher	Last test date

- 4.8 Are fire blankets provided in the kitchen(s)? Yes No
- 4.9 Is the escape route kept clear of flammable material and other obstructions? Yes No
- 4.10 Is the main exit door openable from the inside without the use of a key? Yes No
- 4.11 Does the property incorporate a sprinkler system? Yes No
- 4.12 Has a fire safety risk assessment been undertaken at the dwelling Yes No
If Yes, please provide a copy.

PART THREE - FIT AND PROPER PERSON

The local authority must consider evidence whether the proposed licence holder, proposed manager, and any person associated or formerly associated with them, whether on a personal, work or other basis, is a fit and proper person. (see note 6)

1. Has the **proposed licence holder/manager**, or anyone **associated** with the proposed licence holder or manager, ever accepted a simple caution, previously known as a formal caution, from the Police or been convicted of an offence being subject to the Rehabilitation of Offenders Act 1974 involving any of the following?

	Proposed Licence Holder/Manager		Associate	
	Yes	No	Yes	No
Fraud				
Dishonesty				
Violence				
Drugs				
Sexual Offences Act schedule 3				

If you have ticked 'Yes' to any of the above offences, please provide details below of the 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

2. Has the **proposed licence holder/manager**, or anyone **associated** with the proposed licence holder/manager, ever been subject to unlawful discrimination proceedings relating to their business, being subject to the Rehabilitation of Offenders Act 1974 involving the following?

	Proposed Licence Holder/Manager		Associate	
	Yes	No	Yes	No
Sex				
Colour				
Race				
Ethnic or national origin				
Disability				

If you have ticked 'Yes' to any of the above offences, please provide details below of the 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

3. Has the **proposed licence holder/manager**, or any person **associated** with the proposed licence holder/manager, ever accepted a simple caution or been convicted of an offence under Housing Law, Public Health Law or Health & Safety Law, such as failure to comply with a statutory Notice?

Proposed Licence Holder/Manager		Associate	
Yes	No	Yes	No

4. Has the **proposed licence holder/manager**, or any person **associated** with the proposed licence holder/manager, ever accepted a simple caution or been convicted of an offence under Landlord and Tenant Law, such as harassment or illegal eviction?

Proposed Licence Holder/Manager		Associate	
Yes	No	Yes	No

5. Has the **proposed licence holder/manager**, or any person **associated** with the proposed licence holder/manager, ever accepted a simple caution or been convicted of an offence under The Environmental Protection Act 1990?

Proposed Licence Holder/Manager		Associate	
Yes	No	Yes	No

6. Has the **proposed licence holder/manager**, or any person **associated** with the proposed licence holder/manager, ever accepted a simple caution or been convicted of an offence under Building Regulation or Planning Laws?

Proposed Licence Holder/Manager		Associate	
Yes	No	Yes	No

For questions 3, 4, 5, & 6 if you have ticked 'yes', please provide details below of the date heard and the Court or Police Force involved. Please use extra sheets of paper if necessary.

Details of Notice	Date Served	Local Authority Involved

7. Within the last five years, has the **proposed licence holder/manager**, or any person **associated** with the proposed licence holder/manager, been served with: Statutory Notices under the Housing Acts 1985 and 2004; Building Act 1984; Statutory Nuisance Notices under the Environmental Protection Act 1990; Improvement Notices under the Health & Safety at Work Act 1974 or Enforcement Notices under Planning or Building Control Legislation?

Proposed Licence Holder/Manager		Associate	
Yes	No	Yes	No

If relevant, provide details of the type of notice served, date served and local authority involved. Please use extra sheets of paper if necessary.

Details of Notice	Date Served	Local Authority Involved

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/manager**, or any person **associated** with the proposed licence holder/manager, to comply with a Statutory Notice under Housing, Public Health, Environmental Protection, Planning or Building Control Legislation?

Proposed Licence Holder/Manager		Associate	
Yes	No	Yes	No

If relevant, provide details below. Please use extra sheets of paper if necessary.

Details of Notice	Date Served	Local Authority Involved	Nature of Works in Default

9. Has the **proposed licence holder/manager**, or any person **associated** with the proposed licence holder/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?

Proposed Licence Holder/Manager		Associate	
Yes	No	Yes	No

If relevant, provide details below. Please use extra sheets of paper if necessary.

Date and Details of Refusal / Revocation	Local Authority Involved

10. Has the **proposed licence holder/manager** or anyone **associated** with the proposed licence holder/manager, ever been refused registration under a HMO Registration Scheme made under the Housing Act 1985, or had any such registration revoked for a breach of conditions?

Proposed Licence Holder/Manager		Associate	
Yes	No	Yes	No

If relevant, provide details below. Please use extra sheets of paper if necessary.

Date and Details of Refusal / Revocation	Local Authority Involved

If an associate of the proposed licence holder and/or manager has answered 'Yes' to any of the above questions, please provide their details below:

Personal details of associate of proposed licence holder/manager

3.1 Title: Mr Mrs Miss Ms Other:

Full name:

Residential address (include postcode):

Home telephone:

Mobile telephone:

Work telephone:

Email address:

Date of birth:

Interest in property: Owner Manager Leaseholder

Other:

Please use a separate sheet(s) for any additional associates of the proposed licence holder/manager and attached firmly to this form.

STATUTORY DECLARATION FOR RELEASE OF INFORMATION

To be completed by Proposed Licence Holder/Manager and any associates:

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

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

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

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

Name (please PRINT):

Signature:

Date:

I, as an associate of 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):

Signature:

Date:

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):

Signature:

Date:

I, as an associate of 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):

Signature:

Date:

PART FOUR - DECLARATIONS

DECLARATION OF APPLICANT, PROPOSED LICENCE HOLDER, PROPOSED MANAGER AND PERSON HAVING CONTROL OF THE PROPERTY (*see note 11*)

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 that 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 an unlimited fine or a civil penalty of up to £30,000. 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 declare that the information provided in this application is true and correct to the best of my knowledge. I understand that a criminal offence is committed if I supply any information to a local housing authority in connection with this application for a mandatory licence of a House in Multiple Occupation that is knowingly false or misleading and on conviction may be fined.

NOTE: If you are the applicant AND the proposed licence holder/manager/person having control of the property you must sign all relevant sections below.

Applicant

Name (please PRINT):

Signature:

Date:

Proposed licence holder

Name (please PRINT):

Signature:

Date:

Manager / Managing agent

Name (please PRINT):

Signature:

Date:

Person having control of property

Name (please PRINT):

Signature:

Date:

Enclosures

- a. Evidence of permanent residential address of applicant, proposed licence holder, proposed manager and person having control of the property, as appropriate.....
- b. Building Regulations completion certificate and planning consents - if applicable.....
- c. Current fire alarm test certificate.....
- d. Current emergency lighting system test certificate.....
- e. Service contract for alarm and fire systems - if applicable.....
- f. Current landlord's Gas Safety Certificate(s) - if applicable.....
- g. Most recent periodic test certificate for the electrical installation.....
- h. Most recent Portable Appliance Test certificate - if applicable.....
- i. Fire Safety Risk Assessment.....
- j. Plans
- k. Licensing fee - following receipt of a completed application form, an invoice will be sent to you for the appropriate licence fee

DECLARATION OF APPLICANT

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

You must tell each of these people:

- your name, address, telephone number and email address
- the name, address, telephone number and email address of the proposed licence holder - if it will not be you
- that this is an application under Part 2 (Houses in Multiple Occupation) of the Housing Act 2004
- the address of the property it relates to
- the name and address of the local authority to which the application will be made
- the date the application will be submitted.

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

Name (please PRINT):

Signature:

Date:

Name:	
Address (include postcode):	
Email address:	
Interest in the property or the application:	
Date of service of notice:	

Name:	
Address (include postcode):	
Email address:	
Interest in the property or the application:	
Date of service of notice:	

Name:	
Address (include postcode):	
Email address:	
Interest in the property or the application:	
Date of service of notice:	

Name:	
Address (include postcode):	
Email address:	
Interest in the property or the application:	
Date of service of notice:	

Name:	
Address (include postcode):	
Email address:	
Interest in the property or the application:	
Date of service of notice:	

The following information will assist the Local Authority in assessing the ethnicity of their service stakeholders and the quality of the local housing stock.

Ethnicity of the proposed licence holder

Asian/Asian British	Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Other Asian <input type="checkbox"/>
Black/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"/>	

How old is the kitchen? How old is the bathroom?

Is there adequate noise insulation between converted flats? Yes No

Does the property have cavity wall insulation? Yes No

Does the property have loft insulation? Yes No

If Yes, what thickness is the insulation:

DATA PROTECTION NOTICE

East Lindsey District Council is a Data Controller and can be contacted at The Hub & Willow House, Mareham Road, Horncastle, Lincolnshire, LN9 6PH (Tel: 01507 601111). The Data Protection Officer can be contacted at the same address.

We are collecting your personal data as part of our Public Task in relation to your occupation of, or interest in a residential property that the Council is currently evaluating in respect of the provisions of the Housing Act 2004 and associated legislation.

Your data will be used for Council Purposes and will be shared with third parties in accordance with the Councils data sharing agreements including DASH (Decent and Safe Homes East Midlands) the Police, local Fire Authority and Lincolnshire County Council or in order to prevent or detect crime, to protect public funds or where we are required or permitted to share data under other legislation.

Your data will be kept for up to a maximum of 6 years after the case is completed in line with our current retention policy.

You have the right to access your data and to rectify mistakes, erase, restrict, object or move your data in certain circumstances. Please contact the Data Protection Officer for further information or go to our website where your rights are explained in more detail. If you would like to receive an explanation of your rights in paper format please contact the Data Protection Officer.

Any complaints regarding your data should be addressed to the Data Protection Officer in the first instance. If the matter is not resolved you can contact the Information Commissioner's Office at Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF (Tel: 0303 123 1113)

For further information on our Data Protection Policies please go to our website.