HOUSING ACT 2004 – Part 2



**Application to renew House in Multiple Occupation (HMO) license**

Please fill in this form in **black** or **blue** ink only. Write clearly within the boxes provided and complete in conjunction with the guidance notes. If you do not complete all the relevant sections accurately and in full, the processing of the application may be delayed 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 the completed form to:-

Private Sector Housing Team, Chesterfield Borough Council, Town Hall, Rose Hill, Chesterfield S40 1LP

I/WE APPLY for a HMO Licence.

Dated \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Signed \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

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| --- |
| **Address of HMO to be licensed:** |
|  |
|  |
|  |
| Postcode: |

|  |  |  |
| --- | --- | --- |
| **Proposed Licence details** | | |
| Maximum number of persons property to be Licence for | |  |
| Maximum number of households property to be Licence for | |  |
| **Please indicate the type of house for which the application is being made *(see note 1)*** | | |
| House in multiple occupation |  | |
| Flat in multiple occupation |  | |
| **Please indicate how the HMO is operating *(see note 2)*** | | |
| HMO - bed-sits |  | |
| HMO with shared facilities |  | |
| Household with lodgers |  | |
| A hostel, B & B, care home |  | |
| 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** |
|  |  |
|  |  |
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| **Have you applied for a HMO licence for another HMO within Chesterfield?** |
| **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 overleaf and return to the above address.**

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

|  |
| --- |
| **Details of the Applicant** |
| Title: Mr  Mrs  Miss  Ms  Other |
| Full name: |
| Address: |
|  |
|  |
|  |
| Postcode: |
| Telephone: |

|  |
| --- |
| **Details of the Proposed Licence**  **Holder, if different from applicant** |
| Title: Mr  Mrs  Miss  Ms  Other |
| Full name: |
| Address: |
|  |
|  |
|  |
| Postcode: |
| Telephone: |

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| **Details of the Manager/Managing**  **agent, if applicable** |
| Title: Mr  Mrs  Miss  Ms  Other |
| Full name: |
| Address: |
|  |
|  |
|  |
| Postcode: |
| Telephone: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **I confirm that the above property does not require a HMO licence** | | | | |
| Name – please print: |  | | Date: |  |
| Signature: |  | Interest in property: | |  |

|  |
| --- |
| **Details of the Person Having Control of the HMO** |
| Title: Mr  Mrs  Miss  Ms  Other |
| Full name: |
| Address: |
|  |
|  |
|  |
| 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 for a HMO to require a licence it must meet all the following criteria:**

1. **Contain five or more persons forming more than one household and;**
2. **Who live in the dwelling as their main or only residence;**
3. **At least 2 households share a basic amenity or the living accommodation lacks a basic amenity**

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| **PART ONE – PERSONAL DETAILS** |

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| **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:**  *(see note 4)*  **Proof of address:** *(see note 4)* |  | |
|  | |
|  | |
| Postcode: | |
| Driving licence  Bank statement  Utility bill  Other ……………………………………………………………………. | |
| **Business address:**  *(if applicable)*  **Proof of address:** *(see note 4)* |  | |
|  | |
|  | |
| Postcode: | |
| Utility bill  Business rates | |
| **Home telephone no:** |  | Mobile tel no: |
| **Work telephone no:** |  | Fax no: |
| **e-mail 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 |

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| **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:**  *(see note 4 )*  **Proof of address:**  *(see note 4)* |  | | |
|  | | |
|  | | |
| Postcode: | | |
| Driving licence  Bank statement  Utility bill  Other …………………………………………………………………….. | | |
| **Business address:**  *(if applicable)*  **Proof of address:** |  | | |
|  | | |
|  | | |
| Postcode: | | |
| Utility bill  Business rates | | |
| **Home tel no:** |  | | **Mobile tel no:** |
| **Work tel no:** |  | | **Fax no:** |
| **e-mail 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 question 2**.**4** | | | |
| **Limited Company**  **Partnership**  **Charity**  **Trust** | | | |
| **Limited Company/partnership/charity/trust name:** | | | |
| **Registered Company/Charity No:** | | | |
| **Director**  **Partner**  **Trustee** | | **Director**  **Partner**  **Trustee** | |
| **Full name:** | | **Full name:** | |
| **Registered address:**  **Postcode:** | | **Registered address:**  **Postcode:** | |
| **Telephone no:** | | **Telephone no:** | |
| **Fax no:** | | **Fax no:** | |
| **e-mail address:** | | **e-mail address:** | |
| **Date of birth:** | | **Date of birth:** | |

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| --- | --- | --- | --- |
| 2.3 | **Please provide details of the Company Secretary/Senior Partner/Trust Secretary**: | | |
| **Title:** | | Mr  Mrs  Miss  Ms  Other |
| **Full Name:** | |  |
| **Company Secretary address:** | |  |
|  |
| Postcode: |
| **Telephone no:** | |  |
| **Fax no:** | |  |
| **e-mail 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 guidance note 4** | | |
| **Name of person/company:** |  | |
| **Correspondence address:** |  | |
|  | |
|  | |
| Postcode: | |
| **Telephone no:** |  | |
| **e-mail address:** |  | |

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| **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 the Council** |
| Name:  *(please print)*  Signature: |
| Name:  *(please print)* Signature: |
| Name:  *(please print)* Signature: |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 2.5 | Is the proposed licence holder a member of any landlords association or other professional body? Please indicate which. | | | | | | |
| **Organisation** | | | | **Since** | | |
|  | | | |  | | |
|  | | | |  | | |
| 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** | | |
|  |  | | |  | | |
|  |  | | |  | | |
| 2.7 | Please list training courses / conferences attended – relevant to property management – by the proposed licence holder. | | | | | | |
| **Training course** | | | | **Date** | | |
|  | | | |  | | |
|  | | | |  | | |
|  | Fit and Proper Person – see guidance note 6 | | | | | | |
| The local authority must consider evidence whether the proposed licence holder, **and any person associated or formerly associated with them,** whether on a personal, work or other basis, is a fit and proper person. | | | | | | |
| 2.8 | Has the **proposed licence holder**, or anyone **associated** with the proposed licence holder, 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** | | | **Associate** | |
|  | | **Yes** | **No** | | **Yes** | **No** |
| Fraud | |  |  | |  |  |
| Dishonesty | |  |  | |  |  |
| Violence | |  |  | |  |  |
| Drugs | |  |  | |  |  |
| Sexual Offences Act schedule 3 | |  |  | |  |  |
| 2.9 | Has the **proposed licence holder**, or anyone **associated** with the proposed licence holder, 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** | | | **Associate** | |
|  | | Yes | **No** | | **Yes** | **No** |
| Sex | |  |  | |  |  |
| Colour | |  |  | |  |  |
| Race | |  |  | |  |  |
| Ethnic or national origin | |  |  | |  |  |
| Disability | |  |  | |  |  |
| 2.10 | Has the **proposed licence holder**, or anyone **associated** with the proposed licence holder, ever  accepted a simple caution, been convicted of an offence or been served with Statutory Notices under any of the following?: | | | | | | |
|  | | **Proposed Licence Holder** | | | **Associate** | |
|  | | Yes | **No** | | **Yes** | **No** |
| Housing Law | |  |  | |  |  |
| Landlord and Tenant Law | |  |  | |  |  |
| Environmental Protection Act 1990 | |  |  | |  |  |
| Public Health Law | |  |  | |  |  |
| Health and Safety Law | |  |  | |  |  |
| Building Regulation or Planning Laws | |  |  | |  |  |
| 2.11 | Has the proposed licence holder, or anyone associated with the proposed licence holder, ever been convicted for non-compliance of a Statutory Notice under any of the following?: | | | | | | |
|  | | **Proposed Licence Holder** | | | **Associate** | |
|  | | **Yes** | **No** | | **Yes** | **No** |
| Housing Law | |  |  | |  |  |
| Landlord and Tenant Law | |  |  | |  |  |
| Environmental Protection Act 1990 | |  |  | |  |  |
| Public Health Law | |  |  | |  |  |
| Health and Safety Law | |  |  | |  |  |
| Building Regulation or Planning Laws | |  |  | |  |  |
| 2.12 | Has the **proposed licence holder**, or anyone **associated** with the proposed licence holder, been in control of a property: | | | | | | |
|  | | **Proposed Licence Holder** | | | **Associate** | |
|  | | Yes | **No** | | **Yes** | **No** |
| Subject to a Control Order or Management Order | |  |  | |  |  |
| Where works have been carried out in default | |  |  | |  |  |
| Been refused a licence or registration certificate | |  |  | |  |  |
| Breached conditions of a licence or registration certificate | |  |  | |  |  |
| 2.13 | A **licence holder** must have the financial arrangement 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? | | | | |  |  |
| Are you an undischarged bankrupt? | | | | |  |  |
| Are there any outstanding County Court judgements against you or any company of which you are director or secretary? | | | | |  |  |

**If you have answered ‘yes’ to any of the above questions, it may be necessary for the Council to undertake a further ‘fit and proper person’ check on the Proposed Licence Holder and anyone associated with them.**

STATUTORY DECLARATION FOR RELEASE OF INFORMATION

To be completed by Proposed Licence Holder:

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

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 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.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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: | | | | | |
| **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:**  *(see note 4)*  **Proof of address:** *(see note 4)* |  | | | | |
|  | | | | |
|  | | | | |
| Postcode: | | | | |
| Driving licence  Bank statement  Utility Bill  Other …………………………………………………………………… | | | | |
| **Business address:**  *(if applicable)*  **Proof of address:** *(see note 4)* |  | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
| Utility bill  Business rates | | | | |
| **Home telephone no:** |  | | | Mobile tel no: | |
| **Work telephone no:** |  | | | Fax no: | |
| **e-mail 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 separate sheet if more than two. If not part of a company, partnership etc. please go to question 3.4.** | | | | | |
| **Limited Company  Partnership  Charity  Trust** | | | | | |
| **Limited Company/partnership/charity/trust name:** | | | | | |
| **Registered Company/Charity No:** | | | | | |
| **Director**  **Partner**  **Trustee** | | | **Director**  **Partner**  **Trustee** | | |
| **Full name:** | | | **Full name:** | | |
| **Registered address:**  **Postcode:** | | | **Registered address:**  **Postcode:** | | |
| **Telephone no:** | | | **Telephone no:** | | |
| **Fax no:** | | | **Fax no:** | | |
| **e-mail address:** | | | **e-mail address:** | | |
| **Date of birth:** | | | **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:** | |  | | | |
|  | | | |
| Postcode: | | | |
| **Telephone no:** | |  | | | |
| **e-mail 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 guidance note 6.** | |
| **Name of person/company:** |  |
| **Correspondence address:** |  |
|  |
|  |
| Postcode: |
| **Telephone no:** |  |
| **e-mail 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 the 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** | | |
|  | |  | | |
|  | |  | | |
|  | Fit and Proper Person – see guidance note 6 | | | | |
| The local authority must consider evidence whether the **manager/managing agent** is a fit and proper person. | | | | |
| 3.8 | Has the **manager/managing agent**, 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? | | | | |
|  | | | **Manager/Agent** | |
|  | | | **Yes** | **No** |
| Fraud | | |  |  |
| Dishonesty | | |  |  |
| Violence | | |  |  |
| Drugs | | |  |  |
| Sexual Offences Act schedule 3 | | |  |  |
| 3.9 | Has the **manager/managing agent**, ever been subject to unlawful discrimination proceedings relating to their business, being subject to the Rehabilitation of Offenders Act 1974, involving the following? | | | | |
|  | | | **Manager/Agent** | |
|  | | | **Yes** | **No** |
| Sex | | |  |  |
| Colour | | |  |  |
| Race | | |  |  |
| Ethnic or national origin | | |  |  |
| Disability | | |  |  |
| 3.10 | Has the **manager/managing agent**, ever accepted a simple caution, been convicted of an offence or been served with Statutory Notices under any of the following? | | | | |
|  | | | **Manager/Agent** | |
|  | | | **Yes** | **No** |
| Housing Law | | |  |  |
| Landlord and Tenant Law | | |  |  |
| Environmental Protection Act 1990 | | |  |  |
| Public Health Law | | |  |  |
| Health and Safety Law | | |  |  |
| Building Regulation or Planning Laws | | |  |  |
| 3.11 | Has the **manager/managing agent**, ever been convicted for non-compliance of a Statutory Notice under any of the following? | | | | |
|  | | | Manager/Agent | |
|  | | | Yes | No |
| Housing Law | | |  |  |
| Landlord and Tenant Law | | |  |  |
| Environmental Protection Act 1990 | | |  |  |
| Public Health Law | | |  |  |
| Health and Safety Law | | |  |  |
| Building Regulation or Planning Laws | | |  |  |
|  |  | | |  |  |
| 3.12 | Has the **manager/managing agent**, ever managed a property: | | | | |
|  | | | **Manager/Agent** | |
|  | | | **Yes** | **No** |
| Subject to a Control Order or Management Order | | |  |  |
| Where works have been carried out in default following service of a notice | | |  |  |
| Where a licence or registration certificate has been refused | | |  |  |
| Where a licence or registration conditions have been breached | | |  |  |
| 3.13 | 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. | | | | |
|  | | | | |
|  | | | | |

**If you have answered ‘yes’ to any of the above questions, it may be necessary for the Council to undertake a further ‘fit and proper person’ check on the Proposed Licence Holder and anyone associated with them.**

STATUTORY DECLARATION FOR RELEASE OF INFORMATION

To be completed by Manager/managing agent:

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

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, 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.

|  |  |
| --- | --- |
| **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: |

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION 4: DETAILS OF PERSON/ORGANISATION HAVING**  **CONTROL OF PROPERTY** *(see note 3)* | | | |
| 4.1 | **Title:** | Mr  Mrs  Miss  Ms  Other | |
| **Full name:** |  | |
| **Residential address:**  *(see note 4)*  **Proof of address** *(see note 4)* |  | |
|  | |
|  | |
| Postcode: | |
| Passport  Driving licence  Bank statement  Other | |
| **Contact name:** |  | |
| **Business address**  *(if applicable)*  **Proof of address** *(see note 4)* |  | |
|  | |
|  | |
| Postcode: | |
| Utility bill  Business rates | |
| **Home tel no:** |  | **Mobile tel no:** |
| **Work tel no:** |  | **Fax no:** |
| **e-mail 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** | |
| I/We declare that to the best of my/our knowledge either:  (a) none of the information described in paragraph 2(c) to (g) of the Housing Act 2004 and previously submitted to the authority, or any other information submitted to the property as part of the previous application process has materially changed since that licence was granted; or  (b) the only material change/s to the information described in paragraph (a) above is/are as follows:  [*include description of all material changes to the property since the date of the original application for the HMO licence*]**:-**  Where changes include the re-location of facilities and changes to room sizes an updated plan will be required | |
| **I/We understand and accept that if I withhold information or provide false or misleading information this may result in my application being rejected.**  **Please note that it is a criminal offence to make a false statement in an application for an HMO licence or fail to comply with any condition of the licence.**  Signature (1): Date | |
| **Interest in property:** | Owner  Manager  Leaseholder  Other ……………………………………………………………. |
| Signature (2): Date | |
| **Interest in property:** | Owner  Manager  Leaseholder  Other ……………………………………………………………. |

|  |
| --- |
| **PART THREE - DECLARATIONS** |

|  |
| --- |
| **DECLARATION OF APPLICANT AND PROPOSED LICENCE HOLDER**  *(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, alternatively, a civil penalty not exceeding £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.** |

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| **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 up to £5,000.**  **NOTE: if you are the applicant AND the proposed licence holder/manager 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: |

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| **Enclosures** | | |
| **a.** | **Evidence of permanent residential address of proposed licence holder** |  |
| **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** |  |
| **f.** | **Current landlord’s Gas Safety Certificate** |  |
| **g.** | **Most recent periodic test certificate for the electrical installation** |  |
| **h.** | **Most recent PAT certificate – if applicable** |  |
| **Enclosures (continued)** | | |
| **i.** | **Fire Safety Risk Assessment, if applicable** |  |
| **j** | **Stage 1** **Licence fee of £401.00**  **Please make cheques payable to Chesterfield Borough Council** |  |
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| **DECLARATION OF 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 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 e-mail address * the name, address, telephone number and e-mail address of the proposed licence holder – if it will not be you * whether 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. | | |

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| **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:  *(please print)* |
| Signature: Date: |

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| **Name:** |
| **Address:**  Postcode: |
| **E-mail address:** |
| **Interest in the property or**  **the application:** |
| **Date of service of Notice:** |
| **Name:** |
| **Address:**    Postcode: |
| **E-mail address:** |
| **Interest in the property or**  **the application:** |
| **Date of service of Notice:** |

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| **Name:** |
| **Address:**    Postcode: |
| **E-mail address:** |
| **Interest in the property or**  **the application:** |
| **Date of service of Notice:** |

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| **Name:** |
| **Address:**  Postcode: |
| **E-mail address:** |
| **Interest in the property or**  **the application:** |
| **Date of service of Notice:** |

The following information is discretionary and you do not need to answer the questions. However, if you do answer the questions it will assist the Local Authority in assessing their housing stock.

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| 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 |

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| Ethnicity of the proposed licence holder | Asian/Asian British | Indian | Pakistani | Bangladeshi | | Other Asian | |
| Black/Black British | Caribbean | Black | Other black background | | | |
| Chinese or other ethnic group | Chinese | Any other ethnic group – please write in: | | | | |
| Dual heritage | White and Black Caribbean | White and Black African | | White and Asian | | Other dual heritage background |
| White | British | Irish | | Other | |  |

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| Ethnicity of the proposed manager | Asian/Asian British | Indian | Pakistani | Bangladeshi | | Other Asian | |
| Black/Black British | Caribbean | Black | Other black background | | | |
| Chinese or other ethnic group | Chinese | Any other ethnic group – please write in: | | | | |
| Dual heritage | White and Black Caribbean | White and Black African | | White and Asian | | Other dual heritage background |
| White | British | Irish | | Other | |  |