



High Peak Borough Council

working for our community

HOUSING ACT 2004

**HOUSE IN MULTIPLE OCCUPATION
MANDATORY LICENSING RE-APPLICATION**

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 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 HAS HAD A LICENCE THAT REQUIRES RENEWAL.

Is the property in question still a Licensable HMO?
Yes <input type="checkbox"/> No <input type="checkbox"/>

Please return completed form to;
**Environmental Health Service
 High Peak Borough Council
 Town Hall
 Terrace Road
 Buxton
 High Peak
 SK17 6EL**

Address of HMO to be licensed:
Postcode:

Have you applied for a HMO licence within another local authority?
Yes <input type="checkbox"/> No <input type="checkbox"/>

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

Please indicate the type of licence you are applying for	
Application for a Licence	<input type="checkbox"/>
Variation of an existing Licence	<input type="checkbox"/>
Renewal of a Licence	<input type="checkbox"/>

Local Authority	Date granted

Please indicate the type of house for which the application is being made	
House in multiple occupation	<input type="checkbox"/>
Flat in multiple occupation	<input type="checkbox"/>
A house converted and comprising only of self contained flats	<input type="checkbox"/>

Have you applied for a HMO licence for another HMO within High Peak?

Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please list your other Licensable HMO Addresses:

Please indicate how the HMO is operating	
HMO - bed-sits	<input type="checkbox"/>
HMO with shared facilities	<input type="checkbox"/>
Household with lodgers	<input type="checkbox"/>
A hostel, B & B, care home	<input type="checkbox"/>
Supported lodgings	<input type="checkbox"/>
Other, please specify:	

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 are renewing an HMO licensing application to enable the Council to find the records.

Details of the Applicant	
Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>	
Full name:	
Address:	
	Postcode:
Telephone:	

Details of the Proposed Licence Holder, if different from applicant	
Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>	
Full name:	
Address:	
	Postcode:
Telephone:	

Details of the Manager/Managing agent, if applicable	
Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>	
Full name:	
Address:	
	Postcode:
Telephone:	

Details of the Person Having Control of the HMO	
Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>	
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 a HMO that requires a licence must meet all the following criteria:

- 1) have three storeys or more
- 2) have five or more persons forming more than one household and are sharing some/all facilities;
- 3) and 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 above address:

ONLY SIGN HERE IF PROPERTY NO LONGER REQUIRES A LICENCE

I confirm that the above property DOES NOT require a HMO licence.

Name (print)

Date:

Signature:

Interest in property:

Fit and Proper Person		
	The local authority must consider evidence whether the proposed licence holder is a fit and proper person.	
3.8	Has 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?	
		Manager/Agent
		Yes No
	Fraud	<input type="checkbox"/> <input type="checkbox"/>
	Dishonesty	<input type="checkbox"/> <input type="checkbox"/>
	Violence	<input type="checkbox"/> <input type="checkbox"/>
	Drugs	<input type="checkbox"/> <input type="checkbox"/>
	Sexual Offences Act schedule 3	<input type="checkbox"/> <input type="checkbox"/>
3.9	Has 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?	
		Manager/Agent
		Yes No
	Sex	<input type="checkbox"/> <input type="checkbox"/>
	Colour	<input type="checkbox"/> <input type="checkbox"/>
	Race	<input type="checkbox"/> <input type="checkbox"/>
	Ethnic or national origin	<input type="checkbox"/> <input type="checkbox"/>
	Disability	<input type="checkbox"/> <input type="checkbox"/>
3.10	Has 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?	
		Manager/Agent
		Yes No
	Housing Law	<input type="checkbox"/> <input type="checkbox"/>
	Landlord and Tenant Law	<input type="checkbox"/> <input type="checkbox"/>
	Environmental Protection Act 1990	<input type="checkbox"/> <input type="checkbox"/>
	Public Health Law	<input type="checkbox"/> <input type="checkbox"/>
	Health and Safety Law	<input type="checkbox"/> <input type="checkbox"/>
	Building Regulation or Planning Laws	<input type="checkbox"/> <input type="checkbox"/>
3.11	Has the proposed licence holder , ever been convicted for non-compliance of a Statutory Notice under any of the following?	
		Manager/Agent
		Yes No
	Housing Law	<input type="checkbox"/> <input type="checkbox"/>
	Landlord and Tenant Law	<input type="checkbox"/> <input type="checkbox"/>
	Environmental Protection Act 1990	<input type="checkbox"/> <input type="checkbox"/>
	Public Health Law	<input type="checkbox"/> <input type="checkbox"/>
	Health and Safety Law	<input type="checkbox"/> <input type="checkbox"/>
	Building Regulation or Planning Laws	<input type="checkbox"/> <input type="checkbox"/>

3.12	Has the proposed licence holder , ever managed a property:		
		Manager/Agent	
		Yes	No
	Subject to a Control Order or Management Order	<input type="checkbox"/>	<input type="checkbox"/>
	Where works have been carried out in default following service of a notice	<input type="checkbox"/>	<input type="checkbox"/>
	Where a licence or registration certificate has been refused	<input type="checkbox"/>	<input type="checkbox"/>
	Where a licence or registration conditions have been breached	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>
	Is there any financial limitation on the amount of work you can carry out?	<input type="checkbox"/>	<input type="checkbox"/>
	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.		

STATUTORY DECLARATION FOR RELEASE OF INFORMATION

To be completed by the Applicant:



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.

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

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 HAVING CONTROL OF PROPERTY

The person in control is deemed to be the owner and must be a named individual

4.1	Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>
	Full name:	
	Residential address: (see note 4)	
		Postcode:
	Proof of address (see note 4)	Passport <input type="checkbox"/> Driving licence <input type="checkbox"/> Bank statement <input type="checkbox"/> Other <input type="checkbox"/>
	Business address (if applicable)	
		Postcode:
	Proof of address (see note 4)	Utility bill <input type="checkbox"/> Business rates <input type="checkbox"/>
	Home telephone no:	
	Work telephone no:	
	Mobile telephone no:	
	Fax no:	
e-mail address:		
Date of birth:		
Interest in property:		

4.2	Are you the freeholder or the leaseholder?
	freeholder <input type="checkbox"/> leaseholder <input type="checkbox"/> neither <input type="checkbox"/>

PLEASE HIGHLIGHT IF THERE HAVE BEEN ANY CHANGES TO THE FOLLOWING SINCE THE ORIGINAL APPLICATION:

(Note – It will be necessary to complete further forms detailing the changes)

			Yes	No
Applicant Details			<input type="checkbox"/>	<input type="checkbox"/>
Person in control of property details			<input type="checkbox"/>	<input type="checkbox"/>
Proposed Licence Holder details			<input type="checkbox"/>	<input type="checkbox"/>
Company/Organisations connected to the licence details			<input type="checkbox"/>	<input type="checkbox"/>
Proposed licence holder details			<input type="checkbox"/>	<input type="checkbox"/>
Property Layout changes			<input type="checkbox"/>	<input type="checkbox"/>
Material changes to the property e.g. upgraded fire detection/ kitchen			<input type="checkbox"/>	<input type="checkbox"/>
Please circle type of tenant	Student	Professional	Hsg Benefit	Summer Let
Number of occupants currently residing at the property				
Maximum number of people who could occupy the premises				
Number of Occupants you would like the licence to cover				
Please state any further information relating to changes in the application				

DECLARATIONS

DECLARATION OF APPLICANT AND PROPOSED LICENCE HOLDER

Please note that it is a criminal offence to knowingly supply information that is false or misleading for the purposes of obtaining a licence. Evidence of any statements made in this application may be required at a later date. If we subsequently discover something that is relevant and 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 a fine not exceeding £20,000. In addition, a Residential Property Tribunal may make a rent repayment order requiring you to repay any rents due during the period for which the property was unlicensed.

I 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 (if different from Applicant)	Name – please print:			
	Signature:		Date:	
Person having control of property (if different from Applicant)	Name – please print:			
	Signature:		Date:	

PLEASE REFER TO THE CHECKLIST ON THE BACK PAGE OF THIS APPLICATION FORM. ALL RELEVANT PAPERWORK MUST BE ENCLOSED TO ALLOW COMPLETION OF YOUR HMO LICENCE RE-APPLICATION.

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) or Part 3 (selective licensing of other properties) 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:		Date:	
Signature:			
Name – please print:		Date:	
Signature:			

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:	

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:	

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.

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"/>	Black <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? <input type="text"/>
How old is the bathroom? <input type="text"/>
Is there adequate noise insulation between converted flats? Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the property have cavity wall insulation? Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the property have loft insulation Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what thickness is the insulation <input type="text"/>

Checklist of Paperwork to provide as part of HMO Licence Application

Paperwork	Enclosed	Comments
Current Gas Safety Certificate (Annual)		
Most Recent Periodic Electrical Inspection (5 yearly)		
Most Recent PAT Testing Certification (2 yearly)		
Evidence of permanent residential address of proposed license holder		
Building Regulations completion certificate and planning consents (if not previously provided)		
Current Fire Alarm Test Certificate		
Any amended Floor Plans since original application		
Current Emergency Lighting system test certificate		
Service contract for alarm and fire systems		
Fire Safety Risk Assessment		
Licensing Fee		