



Date Received

Application for the Grant or Renewal of a House in Multiple Occupation

Under Part 5 of the Housing (Scotland) Act 2006 and the Private Rented Housing (Scotland) Act 2011 Please complete this form using **black ink**, write in **BLOCK CAPITALS**, and mark option boxes with a **X**.

This form may also be completed electronically.

Licence

Is this application for the **Grant** of a new House in Multiple Occupancy licence or the **Renewal** of an existing licence?

Grant of new licence

Renewal of existing licence

Applicant - To be completed if a natural person

Please complete this section if you are applying for an HMO licence as a natural person. If you are applying on behalf of a company or agency, please complete the **Company or Agent** section instead.

Title Mr Mrs Miss Ms Other

Forename

Surname

Address

Town

Post Code

Phone

Fax

Email

Age (years)

Date of Birth

Place of Birth

Is the Applicant to carry out day-to-day management of activity?

Yes

No

If **NO**, please complete an **Additional Person form** for each employee or agent so engaged

Company or Agent - To be completed if not a natural person

Company

Title Mr Mrs Miss Ms Other

Forename

Surname

Address

Town

Post Code

Phone

Fax

Email

Please complete an **Additional Person Form** for each director, partner, or other person responsible for management and for each employee or Agent to carry out day-to-day management of activity.

Convictions

State below particulars of any convictions, conditional offers and/or fixed penalties, spent or otherwise, recorded against any person named in the **Applicant, Company or Agent** sections above, or on an **Additional Person Form** including any recorded against the company.

Continue on separate sheet if necessary.

A Police report will be requested by the Council to verify the information provided.

Name

Date

Court

Offence

Sentence

Name

Date

Court

Offence

Sentence

N.B. All crimes and offences must be declared.

Applicants attention is drawn to the importance of completing this section of the form with total accuracy. In the event of an incomplete declaration this may result in the refusal of your application. A further application cannot be considered for a period of one year.

Previously Approved HMO Licence

Has any Party named in the **Applicant**, or the **Company or Agent** sections previously held, or do they currently hold, a Licence for a House in Multiple Occupation?

Yes

No

If **Yes**, please name which Authority granted the Licence; and

what date was it granted; and when did/does it expire?

Date granted

Expiry date

Previously Refused HMO Licence

Has any Party named in the **Applicant**, or the **Company or Agent** sections previously applied for, and been refused, a Licence for a House in Multiple Occupation?

Yes

No

If **Yes**, please name which Authority refused the Licence; and

what date was it refused?

Date refused

Owner's Details

Please complete this section if the **Applicant** is not the owner of the premises.

Title Mr Mrs Miss Ms Other

Forename

Surname

Address

Town

Post Code

Phone

Fax

Email

Please note that you will be required to submit written evidence of the Owner's permission for use of the premises with this application.

Details Of Premises

Please enter the details of the premises for which a license is required

Building Name

Address

Town

Post Code

Phone

Alterations

Have you, or do you intend to to carry out any alterations or construction work? Yes No

If **Yes** please give details of the work

Building Control

Have you obtained Building Control Consent to use the premises as a House in Multiple Occupation? Yes No N/A

If **Yes** please give details

Planning

Have you obtained Planning Consent to use the premises as a House in Multiple Occupation? Yes No N/A

Do you have a Certificate of Lawfulness to use the premises as a House in Multiple Occupation? Yes No N/A

If **Yes** please give details

continued on next page

Details Of Premises - Continued

A scaled plan drawn by a competent person must accompany this application showing the information below along with details of all emergency exits and fire detection sensors.

Please specify the number of storeys in the premises

Please specify the total number of rooms (excluding toilets and bathrooms) in the premises

Please give details and locations of facilities provided for cooking, including the number of sinks, fridge's, cookers and area where it is intended meals are to be eaten in the premises.

Please give details and locations of baths/showers, WC's and Wash Hand Basins in the premises.

Tenancy/Occupancy Agreements

Do you have tenancy or occupancy agreements for the occupants? Yes No

If **Yes**, please note that you will be required to submit copies of **all** agreements with this application.

Maximum Number Of Occupants

Please state the number of persons who will occupy the house. Include all persons (ie Owner and Manager) who reside there.

Occupants

Checklist and Signature

Additional information may be requested to clarify information submitted.

Your application cannot be determined unless you have agreed to and ticked off the following:

I/We declare that the particulars given by me/us on this form are correct to the next of my/our knowledge and belief.

I/We understand that any person who in or in connection with the making of this application makes any statement which he knows to be false or recklessly makes any statement which is false in a material particular shall be guilty of an offence and liable, on summary conviction, to a fine not exceeding £50,000.

I/We enclose written evidence of the owner's permission for use of the premises.

I/We enclose scaled drawings showing the information requested in **Details Of Premises**.

I/We enclose the appropriate application fee.

I/We declare that I/we shall, for a period of 21 days commencing with date hereof, display at or near the premises so that it can conveniently be read by the public, a notice complying with the requirements of Paragraph 2(2) of Schedule 4 of the Housing (Scotland) Act 2006; or

I/We declare that I am/we are unable to display a notice of this application at or near the premises because I/we have no rights of access or other rights enabling me/us to do so, but that I/we have taken the steps below to acquire the necessary rights, but have been unable to acquire them.

Please indicate if you have enclosed any of the following pieces of additional information:

I/We enclose copies of all current tenancy/occupancy agreements for the premises.

I/We enclose **Additional Person Forms** with the details of **Employees, Agents, Directors, Partners** or, **Other Persons Responsible** for management of the HMO.

I/We enclose additional sheets detailing **Convictions**.

Signature

Print Name

Date

Position

Information supplied on this form may be held on computer and applicants are advised that in processing this application background enquiries will be made (**including a check of Police records**) which may include reference to personal data held on computer.

Please return the completed form to:

An incomplete form will delay your application

Environmental Helath	ehealth@clacks.gov.uk
Clackmannanshire Council	www.clacksweb.org.uk
Kilncraigs	
Greenside Street	Tel.: 01259 450 000
Alloa	
FK10 1EB	Fax: 01259 727 450