

**HOUSING ACT 2004, PART 2, THE LICENSING OF HOUSES IN MULTIPLE OCCUPATION
(Mandatory Conditions of Licenses) (England) Regulations 2018**

APPLICATION FOR MANDATORY LICENSING SCHEME

Please ensure that all parts of the form are completed in either black or blue ink. **If you do not complete the form correctly and the form has to be returned to you, an additional administrative fee may be charged.**

If you need any assistance in completing the form, please consult a member of the Support Team of the Housing Services Section on Telephone Number: **01772 906743**.

This is a New Application for a Mandatory Licence

PART 1 – FULL POSTAL ADDRESS OF PROPERTY REQUIRING HMO LICENCE.

1.1 Address:

Postcode:

1.2 Details of Storeys in Property:

	Number of storeys available for residential use	Number of storeys <u>not</u> available for residential use	Please give brief description of use of non-residential areas (e.g.: storage, commercial use)
Basement	<input type="text"/>	<input type="text"/>	
Lower Ground Floor	<input type="text"/>	<input type="text"/>	
Ground Floor	<input type="text"/>	<input type="text"/>	
First Floor	<input type="text"/>	<input type="text"/>	
Second Floor	<input type="text"/>	<input type="text"/>	
Third Floor	<input type="text"/>	<input type="text"/>	
Attic or loft rooms	<input type="text"/>	<input type="text"/>	
Total	<input type="text"/>	Total <input type="text"/>	

1.5 Fire Safety: Has a fire risk assessment been carried out?
(see guidance notes for further details)

- Does the building have a fire alarm panel?
- Does the building have smoke detectors?
- Does the building have heat detectors?
- Does each bedroom or bed-sitting room have a mains-wired smoke alarm which is not linked to the main system (for the protection of the occupant)?
- Does the building have alarm sounders?
- is there a log book of all maintenance, inspections and checks? If Yes: Log Book to be enclosed with application.
- Does the fire alarm system have a current periodic inspection certificate (e.g. NICEIC, ECA, etc.)?
(Actual certificate to be enclosed with application)
- Please provide Certificate Number:
- Date of last inspection of the alarms:
- Who inspected the system?
(Please provide the name and address of contractor) _____

Postcode _____

For further information on this issue, please refer to the current guidance used by Preston City Council regarding this matter: **Housing - Fire Safety**. (see guidance note)

1.6 Emergency Lighting: Has the Fire Safety Risk Assessment highlighted the need for Emergency Lighting?

If yes provide the following:

- a log book of all maintenance, inspections and checks?
If Yes the Log Book to be enclosed with application
- a valid periodic safety inspection certificate
e.g.: NICEIC or ECA (or similar approved)
(Actual certificate to be enclosed with application)
- Date of the last inspection?
- Who inspected the system?
(Please provide the name and address of the contractor) _____

Postcode _____

1.7 Main Escape Route: Is the main escape route:

- protected by self-closing fire resisting doors?
- kept clear of flammable material and other obstructions?

1.8 Gas Installation and Appliances:

Do you provide gas installations/appliances to any part of the property?

If yes, the current Gas Safe Registered Landlords Gas Safety Record must be enclosed with your application.

- details of the Gas Safe Registered Landlords Gas Safety Record (Actual certificate to be enclosed with application)
- who undertook last inspection?
(Please give name and address of contractor) _____

Postcode _____

1.9 Electrical Installations and Fittings:

- details of periodic Electrical Installation Condition Report
(Actual report to be enclosed with application)
- who undertook last inspection?
(Please give name and address of contractor)

Report Number	
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Postcode

1.10 Portable Electrical Appliances:

e.g.: kettle, fridge or any other appliance fitted with a plug

Do you provide portable electrical appliances to any part of the property?

Yes / No

- a valid portable appliance test safety certificate for all landlord supplied appliances
(Actual certificate to be enclosed with application)

Certificate Number	
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- who undertook last inspection?
(Please give name and address of contractor)

Postcode

1.11 Furniture and Soft Furnishings:

Are furniture/soft furnishings provided to any part of the property?

Yes / No

If YES – are the furniture/soft furnishings in good and safe condition

Yes / No

Do the furniture/soft furnishings conform to current Fire Safety Regulations?

Yes / No

1.12 Provide details of any Fire Safety Advice provided to occupiers:

(see guidance notes) – continue on a separate sheet if necessary

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1.12a Provide a copy of your written Fire Safety Risk Assessment :- Tick box to confirm enclosed

Enclosed	<input type="checkbox"/>
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1.13 Tenancy Arrangements:

Do you provide tenants with a written statement / tenancy agreement detailing the terms of their occupancy?

Yes / No

If Yes: Enclose an example with your application

1.14 Anti-Social Behaviour:

Do you take steps to prevent or reduce anti-social behaviour by persons, either occupying or visiting the property?

Yes / No

If **Yes:** Please provide brief details of measures taken to reduce anti-social behaviour:

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Part 2 – DETAILS ABOUT THE APPLICANT(S), MANAGER(S), PROPOSED LICENCE HOLDER AND PERSON HAVING CONTROL.

Please Note: - The Council is required, by law, to maintain a Register of Licensed HMO's and make it available for public inspection. The law requires the Register to contain the name and contact address for the License Holder and the Manager (if Applicable).

2.1 Details of the Applicant: (Please state your preferred title)

Name: _____
Address: _____

Postcode: _____
Tel. No: _____
E-mail: _____

2.2 Details of the Proposed Licence Holder: (Please state your preferred title)

Full Name: _____
Maiden Name
(If applicable) _____
Date of Birth

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Place of Birth _____
Address _____

Postcode: _____ **Tel No:** _____
E-mail: _____

2.3 Details of the Person Managing the Premises: (Please state your preferred title)

Full Name: _____
Address: _____

E-mail: _____

2.3a Details of any other person(s) who has agreed to be bound by a condition contained in the licence: (Please use additional sheet if required)

(Please state your preferred title)

Full Name: _____
Address: _____

Postcode: _____ **Tel No:** _____
E-mail: _____

2.4 Details of the Company or Persons, (Please state your preferred title), owning the Premises:

Full Name: _____

Maiden Name
(If applicable) _____

Date of Birth

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Place of Birth _____

Address: _____

Postcode: _____ **Tel No:** _____

E-mail: _____

2.5 Details of any other properties that are already licensed under Parts 2 or 3 of the Act by the Proposed Licence Holder;

Address: _____ Post Code _____

Address: _____ Post Code _____

Address: _____ Post Code _____

Address: _____ Post Code _____

Address: _____ Post Code _____

2.6 If any of the applicants are a company, partnership, or trust, please indicate which and complete the following:

Company/Partnership/Trust Information: including Registered Address or Principal Trading Address where appropriate

Tel: _____ **E-mail:** _____

Names and Addresses of all Directors/Partners/Trustees *(please use separate sheet if necessary)*

Tel: _____ **E-mail:** _____

Name and Address of Company Secretary

Tel: _____ **E-mail:** _____

PART 3 – NOTIFICATION OF APPLICATION

Important information about your obligations to let others know you have made this application

3.1 You must let certain persons know in writing that you have made this application or give them a copy of it.

The persons who need to know about it are:-

1. any mortgagee of the property to be licensed (e.g. Building Society)
2. any owner of the property to which the application relates (if that is not you) i.e. the freeholder and any head lessors who are known to you
3. any other person who is a tenant or long 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 for less than three years (including a periodic tenancy)
4. the proposed licence holder (if that is not you)
5. the proposed managing agent (if any) (if that is not you)
6. 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 persons:-

1. your name, address, telephone number and e-mail address or fax number (if any)
2. the name, address, telephone number and e-mail address or fax number (if any) of the proposed licence holder (if it will not be you)
3. whether this is an application for a house in multiple occupation under Part 2 or for a house licence under Part 3 of the Housing Act 2004
4. the address of the property to which the application relates
5. the name and address of Preston City Council's Private Sector Housing, Housing Standards Section to which the application will be made
6. the date the application will be submitted

I/we declare that I/we have served notice of this application on the following persons who are the only persons known to me/us that are required to be informed that I/we have made this application:

Name	Address	Description of person's interest in the property /application	Date notice served

(please write on a separate sheet if necessary)

GENERAL DATA PROTECTION REGULATIONS

YOUR PERSONAL DATA

Preston City Council will use your information in a manner compatible with the GDPR. Any disclosures or sharing of information will only take place where permitted by law.

For further information please see our privacy notice at:

<https://www.preston.gov.uk/privacy>

PART 4 – DECLARATION

I/We declare that the information contained in this application is correct to the best of my / our knowledge. I/We understand that I/we commit an offence if I/we supply any information to a local housing authority in connection with any of their functions under any of Parts 1 to 4 of the Housing Act 2004 that is false or misleading and which I/we know is false or misleading or I/we are reckless as to whether it is false or misleading. I understand and accept that if I withhold information or provide false or misleading information this may result in my application being rejected.

To be completed by all applicants and, where different persons, proposed licence holder

Print Full Name

Signature _____ **Date:**

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Print Full Name

Signature _____ **Date:**

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Print Full Name

Signature _____ **Date:**

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Print Full Name

Signature _____ **Date:**

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(please write on a separate sheet if necessary)

