

Housing Standards Private Sector Housing Town Hall Lancaster Road Preston, PR1 2RL

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# 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. <u>If you do not complete</u> 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:

2	Details of Storeys in	Property:			
		Number of storeys available for residential use		Number of storeys not available for residential use	Please give brief description of use of non-residential areas (e.g.: storage, commercial use)
	Basement				
	Lower Ground Floor				
	Ground Floor				
	First Floor				
	Second Floor				
	Third Floor				
	Attic or loft rooms				
	Total		Total		

1.3	Details of Internal	Fixtures in Pr	roperty:	
	Total n	umber of separ	rate letting units:	
	Total n	umber of wash	hand basins in sleeping rooms:	
	Total n	umber of wash	hand basins other than in sleeping	rooms:
	Total n	umber of habita	able rooms: (e.g.: bedroom, living ro	oom)
	Total n	umber of bathro	ooms/shower rooms:	
	Total n	umber of toilets	s:	
	Total n	umber of kitche	ens:	
	Total n	umber of sinks	(not including wash hand basins):	
	Total n	umber of house	eholds occupying the property:	
	Total n	umber of people	e occupying the property:	
1.4	Dimensions of Hab	nitable Room	s: (including bedrooms, kitchen and	llounge areas)
	(see guidant The floor pla rooms, comm The floor pla 1. Fire 2. Fire 3. Smo	ce notes for furt in must be a dra munal areas, sta	awing to a scale of either 1:100 or 1 airways etc  Indicate the location of:  6. Fire doors 7. Facilities for store at ectors 8. Room numbers (	:50 but should indicate all age and disposal of rubbish (as per chart below) es
		Please or	ontinue on a separate sheet if necessar	У

1.5	<b>Fire Safety:</b> Has a fire risk assessment been of (see guidance notes for further details)	arried out?	Yes / No	
	<ul> <li>Does the building have a fire alarm p.</li> </ul>	anel?	Yes / No	]
			Yes / No	]
	Does the building have smoke detect		Yes / No	<u>]</u> ]
	Does the building have heat detector			] 7
	<ul> <li>Does each bedroom or bed-sitting ro- smoke alarm which is not linked to the protection of the occupant)?</li> </ul>			
	<ul> <li>Does the building have alarm sounded</li> </ul>	ers?	Yes / No	
	<ul> <li>is there a log book of all maintenance checks?</li> </ul>	e, inspections and	Yes / No	If Yes: Log Book to be enclosed with application.
	<ul> <li>Does the fire alarm system have a cuinspection certificate (e.g. NICEIC, Ed. (Actual certificate to be enclosed with application)</li> </ul>	CA, etc.)?	Yes / No	
	- Please provide Certificate Number:			
	Date of last inspection of the alarms:			
	- Who inspected the system?			
	(Please provide the name and address of contractor)			
			Dantas da	
			Postcode	
	urther information on this issue, please refer to the natter: <b>Housing - Fire Safety</b> . (see guidance note		ed by Preston City	y Council regarding
1.6	<b>Emergency Lighting:</b> Has the Fire Safety Righlighted the need for Emergency Lighting?	sk Assessment	Yes / No	
	If yes provide the following:			7
	<ul> <li>a log book of all maintenance, inspectif Yes the Log Book to be enclosed with applic</li> </ul>		Yes / No	
	<ul> <li>a valid periodic safety inspection cert</li> <li>e.g.: NICEIC or ECA (or similar approved)</li> <li>(Actual certificate to be enclosed with applicate</li> </ul>		Certificate Number	
	- 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 rout	e:		
	<ul> <li>protected by self-closing fire resisting</li> </ul>	g doors?	Yes / No	
	- kept clear of flammable material and	other obstructions?	Yes / No	
1.8	Gas Installation and Appliances:			
	Do you provide gas installations/appliances to a	ny part of the property	/? Yes / No	$\Box$
	If yes, the current Gas Safe Registered Landlords			
	- details of the Gas Safe Registered Landiolds Record (Actual certificate to be enclosed with	andlords Gas Safety	Certificate Number	mar your approation.
	who undertook last inspection? (Please give name and address of contractor)			
	(1 10000 give hame and address of contractor)			
			Postcode	

1.9	Electrical Installations and Fittings:			
	<ul> <li>details of periodic Eectrical Installation Condition Report (Actual report to be enclosed with application)</li> </ul>	Report Number		
	- who undertook last inspection?			
	(Please give name and address of contractor)			
		Pos	tcode	
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	s / No	
	<ul> <li>a valid portable appliance test safety certificate for all landlord supplied appliances (Actual certificate to be enclosed with application)</li> </ul>	Certificate Number		
	- who undertook last inspection?			
	(Please give name and address of contractor)			
		Pos	tcode	
1.11	Furniture and Soft Furnishings:			1
	Are furniture/soft furnishings provided to any part of the proper	ty?	Yes / No	
	If YES – are the furniture/soft furnishings in good and safe con	dition	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 occu (see guidance notes) – continue on a separate sheet if necessary	upiers:		
1.12a	Provide a copy of your written Fire Safety Risk Assessme	ent :- Tick bo	ox to confirm er	nclosed
		Į.	Enclosed	
1.13	Tenancy Arrangements:			
1.13	Do you provide tenants with a written statement / tenancy agreement			If Yes: <i>Enclose an</i>
	detailing the terms of their occupancy?	<u> </u>	es / No	example with your application
1.14	Anti-Social Behaviour:			
	Do you take steps to prevent or reduce anti-social behaviour by person either occupying or visiting the property?	ons,	es / No	
	If Yes: Please provide brief details of measures taken to reduce anti-	social beha	viour:	
l				

## 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		Applicant: (Please state your preferred title)
	Name:	
	Address:	<u>-                                      </u>
	T.1 M.	Postcode:
	Tel. No:	
	E-mail:	
2.2	Details of the F	Proposed Licence Holder: (Please state your preferred title)
	Full Name:	
	Maiden Name (If applicable)	
	Date of Birth	Place of Birth
	Address	
		Postcode: Tel No:
	E-mail:	
	•	
2.3	Details of the F	Person Managing the Premises: (Please state your preferred title)
	Full Name:	
	Address:	
	•	
	•	
	E-mail:	
	L man.	
2.3a		ther person(s) who has agreed to be bound by a condition contained in the use additional sheet if required) r preferred title)
	Full Name:	
	Address:	
		Postcode: Tel No:
	E-mail:	

2.4 Details of the Company of Persons, (Please state your preferred title), Owning the Premises:					
	Full Name:				
	Maiden Name (If applicable)				
	Date of Birth	Place of Birth			
	Address:				
		Postcode: Tel No:			
	E-mail:				
2.5	Details of any of Proposed Lice	other properties that are already licensed under Parts 2 or 3 of the Act by the nce Holder;			
Addr	ess:	Post Code			
Addr	ess:	Post Code			
Addr	ess:	Post Code			
Addr	·ess:	Post Code			
Addr	·ess:	Post Code			
2.6	following:	olicants are a company, partnership, or trust, please indicate which and complete the ership/Trust Information: including Registered Address or Principal Trading Address ate			
	Tel:	E-mail:			
	Names and Add	resses of all Directors/Partners/Trustees (please use separate sheet if necessary)			
	Tel:	E-mail:			
	Name and Addı	ess of Company Secretary			
	Tel·	F-mail·			

2.7	Please Confirm by Signature of all Partners / Trustees an Address for Service: (please use separate sheet if necessary)				
<u>-</u>	Signed:	Name:	Director	Partner	Trustee
-	Signed:	Name:	Director	Partner	Trustee
-	Signed:	Name:	Director	Partner	Trustee
-	Signed:	Name:	Director	Partner	Trustee
<u>-</u>	Signed:	Name:	Director	Partner	Trustee
2.8		he following in respect of the prop swer yes to any question, provide			
a)	holder's fitness to hold a licence or	nt convictions that may be relevant to the proposed manager's fitness to manage ud or other dishonesty, or violence or dru Offences Act 2003;	the premise	es and in	Yes/No
b	that he/she has practised unlawful	tribunal against the proposed licence hol discrimination on grounds of sex, colour n connection with, the carrying on of any	, race, ethni		Yes/No
С	provision of any enactment relating	part of the proposed licence holder or m g to housing, environmental health or lan roceedings in which judgement was mad	dlord and te	enant	Yes/No
d	manages or has owned or manage	ich the proposed licence holder or mana ed for which a licence under Parts 2 or 3 he licence holder breaching the conditior	of the Act h	as been	Yes/No
е	information about any condition of proposed licence holder has bread	a licence granted under Parts 2 or 3 of thed;	ne Act that t	he	Yes/No
f	been the subject of any proceeding	t the proposed licence holder owns or hags (whether court or otherwise) by a loca uthority has carried out as a result of defa	I authority, i	ncluding	Yes/No
g		proposed licence holder or manager ow een the subject of an interim or final mar under the Act;			Yes/No
	If any of the items described in a) t	o h) above apply, please provide details	below.		
		(please	continue on a	separate she	et if necessary)

### 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:	20			
Print Full Name					
Signature	Date:	20			
Print Full Name					
Signature	Date:	20			
Print Full Name					
Signature	Date:	20			
	(plea	ise write on a separate sheet if necessary			

Additional Notes