

Housing Standards
Private Sector Housing
Town Hall
Lancaster Road
Preston, PR1 2RL
www.preston.gov.uk

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

<u>APPLICATION FOR MANDATORY LICENSING SCHEME</u>

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 Renewal for Mandatory Licence Number HMO

PAR	Γ1 – FULL POSTAL ADI	DRESS OF PROPE	RTY R	EQUIRING HMO L	ICENCE.
1.1	Address:				
					Postcode:
1.2	Details of Storeys in	Property:			
	Has the property change	ed in the last 5 year	s?	Yes / No	If No, please go to 1.3.
		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	Details of Internal Fixtures in Property:					
	Has this	aspect of the	property or any	y internal fixtures o	_	st 5 years? se go to 1.4.	Yes / No
		Total n	umber of separ	rate letting units:			
		Total no	umber of wash	hand basins in sle	eping rooms:		
		Total no	umber of wash	hand basins othe	than in sleeping	g rooms:	
		Total no	umber of habita	able rooms: (e.g.:	oedroom, living r	oom)	
		Total number of bathrooms/shower rooms:					
	Total number of toilets:						
		Total n	umber of kitche	ens:			
		Total n	umber of sinks	(not including wash ha	and basins):		
		Total n	umber of house	eholds occupying t	he property:		
		Total n	umber of peopl	le occupying the p	roperty:		
1.4	Dimone	sions of Hab	sitable Beem	s: (including bedro	ooma kitahan an	d lounge erece	`
	Dilliens	SIONS OF HAD	ntable Room	5. (including bean	Joins, kitchen ar	iu lourige areas)
		Has the prop	erty changed i	n the last 5 years?	Yes / No	If No, pleas	e go to 1.5.
	NOTE:		of each level of se notes for fun	the premises <u>mus</u>	t accompany thi	s application	
		The floor pla	n must be a dra	awing to a scale of	either 1:100 or	1:50 but should	indicate all
			nunal areas, st n must clearly i	airways etc indicate the locatio	n of		
		1. Fire	extinguishers	6.	Fire doors		
	 Fire blankets Smoke and heat detectors Facilities for storage and disposal of rubbish Room numbers (as per chart below) 						
	 4. Fire alarm call points 5. Alarm sounders 9. Fire escape routes 10. Alterations within the last 5 years 			nrs			
	Floo	or Level	Deem	Decembrie	n of Doom		
		Basement, ^t Floor)	Room Number	Descriptio (e.g.: Kitche		Approxima	ate Dimensions
	-						
			Please c	ontinue on a separa	te sheet if necessa	ary	

1.5 Fire Safety: Has a fire risk assessment been carried out? (see guidance notes for further details)	Yes / No	
- Does the building have a fire alarm panel?	Yes / No]
Does the building have smoke detectors?	Yes / No	
Does the building have heat detectors?	Yes / No	
- 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)?	Yes / No	
 Does the building have alarm sounders? 	Yes / No	
 is there a log book of all maintenance, inspections and checks? 	Yes / No	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) 	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)		
	Postcode	
		0
For further information on this issue, please refer to the current guidance used b this matter: Housing - Fire Safety . (see guidance note)	y Preston City	/ Council regarding
1.6 Emergency Lighting: Has the Fire Safety Risk Assessment highlighted the need for Emergency Lighting?	Yes / No	
If yes provide the following:		1
 a log book of all maintenance, inspections and checks? If Yes the Log Book to be enclosed with application) 	Yes / No	
 a valid periodic safety inspection certificate e.g.: NICEIC or ECA (or similar approved) (Actual certificate to be enclosed with application) 	Certificate Number	
- Date of the last inspection?		
- Who inspected the system?		
(Please provide the name and address of contractor)		
	Postcode	
1.7 Main Escape Route: Is the main escape route:		
- protected by self-closing fire resisting doors?	es / No	
- kept clear of flammable material and other obstructions?	es / No	
1.8 Gas Installation and Appliances:		
Do you provide gas installations/appliances to any part of the property?	Yes / No	
If yes, the current Gas Safe Registered Landlords Gas Safety Record must	be enclosed	— with your application.
, ,	Certificate Number	
- 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) 	Report Number	
	- who undertook last inspection?		
	(Please give name and address of contractor)		
		Postcode	
4.40	Postable Floring Appliances		
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	
	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 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	Int: Tick box to confirm enclosed	_
		Enclosed	
1.13	Tenancy Arrangements:		
	Do you provide tenants with a written statement / tenancy agreement detailing the terms of their occupancy?	Yes / No If Yes: En example application	with your
1.14	Anti-Social Behaviour:		
	Do you take steps to prevent or reduce anti-social behaviour by persociation occupying or visiting the property?	ons, Yes / No	
	If Yes: Please provide brief details of measures taken to reduce anti-s	social behaviour:	
1			

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 st	ate your preferred title)
	Name:		
	Address:		
			Postcode:
	Tel. No:		
	E-mail:		
2.2	Dataila of the	Drangood Liganos	Holdon (Discount of the distance of the distan
2.2		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	Person Managing t	the Premises: (Please state your preferred title)
	Full Name:		
	Address:		
		Postcode:	Tel No:
	E-mail:		
2.3a		other person(s) who state your preferred title	has agreed to be bound by a condition contained in the
		nal sheet if required)	·)
	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
2.6	following:	elicants 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:
		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
-	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 druction of the proposed for the contract of the conviction of the convic	the premise	es and in	Yes/No
b	that he/she has practised unlawful	tribunal against the proposed licence hold 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	nant	Yes/No
d	d Information about any property which the proposed licence holder or manager owns or manages or has owned or managed for which a licence under Parts 2 or 3 of the Act has been refused, or revoked as a result of the licence holder breaching the conditions of his licence;				
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	f information about any property that the proposed licence holder owns or has owned that has been the subject of any proceedings (whether court or otherwise) by a local authority, including details of any work that the local authority has carried out as a result of default on the part of the proposed licence holder;				
g	information about any property the proposed licence holder or manager owns or manages or has owned or managed that has been the subject of an interim or final management order or a special interim management order under the Act;			Yes/No	
h		o h) above apply, please provide details	below.		
	_				
		(nlease	continue on a	senarate she	eet 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

Additional Notes