



Our Reference: PSH/HMO Licence Renewal

Housing Standards  
Private Sector Housing  
Environmental Health  
Development Directorate  
Town Hall  
Lancaster Road  
Preston, PR1 2RH  
www.preston.gov.uk  
tel. (01772) 906907

To HMO Licence Applicant

Dear Applicant,

**HOUSING ACT 2004, PART 2, THE LICENSING OF HOUSES IN MULTIPLE OCCUPATION.**

**HOUSE IN MULTIPLE OCCUPATION LICENCE RENEWAL**

**RE: HMO PROPERTY IN PRESTON**

Your property has a House in Multiple Occupation (HMO) Licence that is due to expire shortly and you must renew the licence if the property continues to be a licensable HMO.

Attached is an application form for a renewal of a licence and supporting information to help you complete the application form correctly. You need to complete and return the form, together with the information requested. Please ensure that you read the guidance notes before completing it. **The Council will be ceasing to accept paper copies of application forms and supporting documents from January 2020. Any applications made after this date must either be e mailed to [hmolicensing@preston.gov.uk](mailto:hmolicensing@preston.gov.uk), or brought in to the Town Hall and scanned by the applicant using the Councils self scan system located in the ground floor reception area.**

One of the requirements of the licence is for you to provide evidence that both you and any managing agent (if applicable) is a "fit and proper" person to manage a HMO. As part of this procedure, those affected must provide a disclosure from an organisation called Disclosure Barring Service (DBS). You can apply online at <https://www.gov.uk/request-copy-criminal-record> you will need to pay them a fee, currently £25, and provide certain evidence to them.

You and any proposed manager will need to allow sufficient time for your application to DBS to be dealt with, so it is better that you do not delay. Please note, the disclosure statement is valid for 28 days, and you must provide us with the original document with your application within this time. **Your application will only be treated as complete once we have all the information we need.**

Cont.

The fee chargeable for a new 5 year HMO license is currently set at £500.00, payable in two parts. At the time of application, you must make an initial fee of £150 (non-refundable) to cover the cost of assessing and processing your submitted application up to the issuing of a proposed license. Upon receipt of the proposed license you should make any representations to the council with any observations. If you're happy with the content, you should arrange for the required balance of the license fee to be paid and the HMO license will be issued. This remaining fee covers the council's costs for monitoring the license over its 5 year life.

**The preferred method of payment is debit/credit card, either over the phone or Chip & Pin here at the Councils office. Please ring on 01772 906907. If you prefer to pay by cheque forward this with your application. Please submit your completed application and enclosures to us 28 days prior to expiry date of the existing licence. You need to be aware that the responsibility is on you to apply on time. The cost of a licence will rise to £600.00 if you fail to supply a complete application, including all documents, certificates, etc. as indicated on the enclosed checklist.**

At some point in the future we will inspect your HMO. Before we do so we will contact you in advance to arrange this appointment. It is important that you read the mandatory and additional licence conditions included with your new licence, which explains the Council's requirements, to ensure that your property is correctly managed and is free from hazards that may affect you tenants.

**Remember that the application will not be treated as complete, until we receive everything needed. If you are having any difficulty completing your licence application contact us as soon as possible at the above address, as an incomplete application will incur an additional penalty charge of £100.**

I look forward to receiving you completed application and supporting information.

**Please Note:**

**Landlords who operate a licensable HMO without a licence** are liable to prosecution leading to an unlimited fine in the magistrates' court or a Civil Financial Penalty of up to £30,000. Your Tenants are able to reclaim any rent paid during the time the property is unlicensed, up to a maximum of 12 month rent, regardless of any formal action taken by the Council. We may choose to reclaim any Housing Benefit that has also been paid.

Yours sincerely

Housing Standards Team

## HMO Licence Documentation checklist

### HOUSING ACT 2004, PART 2, THE LICENSING OF HOUSES IN MULTIPLE OCCUPATION.

(Mandatory Conditions of Licenses) (England) Regulations 2018

#### Re HMO:-

In addition to the application form supplied, we will require the original copies of the following current valid certification:

Required	<b>PLEASE RETURN THIS FORM WITH THE APPLICATION</b>	Applicant please tick if enclosed	For office use only
<input checked="" type="checkbox"/>	HMO Licence Application Form.	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	HMO Licence Fee Payment. The preferred method of payment is debit or credit card.	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Disclosure Service (DBS) basic level disclosure certificate dated within the last twenty-eight days. ( <a href="https://www.gov.uk/request-copy-criminal-record">https://www.gov.uk/request-copy-criminal-record</a> )	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	You are required to provide floor plans of your property. The drawing must be to a scale of 1:50 or 1:100 and an example has been enclosed. <b>NB. Unless there have been significant changes to the property since the last plans were submitted a renewal of an HMO Licence does not need to submit plans.</b>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Gas Safe Registered Engineer's Certificate issued within the last twelve month period. ( <i>Renewable on an annual basis</i> ).	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Periodic Electrical Installation Condition Report issued within the last five years. ( <i>Renewable on a five yearly basis</i> ).	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Periodic Fire Alarm Test Certificate (BS:5839-1 clause 45) issued within the last twelve month period. ( <i>Renewable on an annual basis</i> ).	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	A copy of your written Fire Safety Risk Assessment, (Required under the Regulatory Reform Fire Safety Order 2005). ( <i>Which is to be reviewed on an annual basis</i> ).	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Periodic Emergency Lighting Test Certificate (BS:5266) issued within the last twelve month period. ( <i>Renewable on an annual basis</i> ).	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Portable Appliance Test (PAT) Certificate for all relevant appliances that you provide. (Recommended annually). <i>Please confirm in writing if you do not supply portable appliances</i>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Copy of Current Tenancy Agreement. (If changed significantly from last licence application).	<input type="checkbox"/>	<input type="checkbox"/>

All the original test certificates will be returned to you as soon as possible  
If you would like any further assistance, please do not hesitate to contact this office.

Telephone Number: (01772) 906907

email: [hmolicensing@preston.gov.uk](mailto:hmolicensing@preston.gov.uk)



**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 906907**.

**This is a Renewal for Mandatory Licence Number HMO**

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

**1.1 Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **Postcode:** \_\_\_\_\_

**1.2 Details of Storeys in Property:**

Has the property changed in the last 5 years?

Yes /  No

If No, please go to 1.3.

	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"/>	<div style="border: 1px solid black; height: 200px;"></div>
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"/>	
<b>Total</b>	<input type="text"/>	<b>Total</b> <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)*

<b>Certificate Number</b>	<input type="text"/>
---------------------------	----------------------
- 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?
- 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)*

<b>Certificate Number</b>	<input type="text"/>
---------------------------	----------------------
- 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	
---------------	--

\_\_\_\_\_

\_\_\_\_\_

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	
--------------------	--

- 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*

.....

.....

.....

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

Enclosed	<input type="checkbox"/>
----------	--------------------------

**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:

.....

.....

.....



**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:**

**Name:** Mr/Mrs/MS (Delete as appropriate)

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Tel. No:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**2.2 Details of the Proposed Licence Holder:**

**Full Name:** Mr/Mrs/MS (Delete as appropriate)

**Maiden Name**  
(If applicable) \_\_\_\_\_

**Date of Birth**

--	--	--

**Place of Birth** \_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_

**Postcode:** \_\_\_\_\_ **Tel No:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**2.3 Details of the Person Managing the Premises:**

**Full Name:** Mr/Mrs/MS (Delete as appropriate)

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Postcode:** \_\_\_\_\_ **Tel No:** \_\_\_\_\_

**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)*

**Full Name:** Mr/Mrs/MS (Delete as appropriate)

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Postcode:** \_\_\_\_\_ **Tel No:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**2.4 Details of the Company or Persons owning the Premises:**

Mr/Mrs/Ms (Delete as appropriate)

**Full Name:** \_\_\_\_\_

**Maiden Name**  
(If applicable) \_\_\_\_\_

**Date of Birth**

--	--	--

**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:**

		20
--	--	----

**Print Full Name**

**Signature** \_\_\_\_\_ **Date:**

		20
--	--	----

**Print Full Name**

**Signature** \_\_\_\_\_ **Date:**

		20
--	--	----

**Print Full Name**

**Signature** \_\_\_\_\_ **Date:**

		20
--	--	----

*(please write on a separate sheet if necessary)*

