

Housing Act 2004
Application For The Grant/Renewal of a Licence under
Housing Act 2004 : Part 2 Licence for a House in Multiple Occupation

1. To be completed if applicant is an individual a) Full Name <i>(block letters)</i>	Surname (Family Name)		Christian Name(s)	
b) Home Address Post Code Business Hours Tel. No. Email Address:				
	Age	Date of Birth	NI Number	
d) Is applicant to carry out day to day supervision of the premises to be licenced? If not, give full name, address and telephone of any Manager/Agent so engaged	YES <input type="checkbox"/> NO <input type="checkbox"/> <i>(please tick appropriate box)</i>			
e) Email Address:				
2. To be completed if applicant is a Company or Partnership a) Full Name of Company or Partnership				
b) Address of Principal or Registered Office Telephone Number				
c) Full names and addresses of Directors, Partners or other persons responsible for management of the business				
d) Name and Address of Company Secretary Telephone:	Email:			

Please list the name and addresses of all properties and Mortgage Lenders for those properties. Please photocopy this page if more than 5 properties.

Property Address	Mortgage Lender
1.	
2.	
3.	
4.	
5.	

Data Protection Statement

We need your personal data to **enable this Council to issue a HMO licence**. We may also use it for prevention and detection of fraud. We may share it with other organisations such as **other Local Housing Authorities** as part of our joint approach to **ensuring that only fit and proper people are licenced to own or manage a HMO**.

Data held by this Local Housing Authority in respect of the licensing of HMOs shall be stored in a Register as required by Section 232 of the Housing Act 2004. The information in this Register shall be available, upon request, to Third Parties.

We will keep your personal data safe and secure and will not disclose it to anyone else without your consent, unless we are required by law to do so.

<p>3. Name (if any) and address of premises for which a licence is required (hereinafter called “the premises”) including post code Or in the case of multiple applications, the property number from page 2</p>	
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<p>4. Number of Occupants</p> <p>a) Total number of residents who can be accommodated at any one time</p>		
<p>b) Total number of owner(s)/family or family of person(s) managing premises, normally resident at one time</p>		
<p>c) Is the accommodation used by the owner(s), family or family of person(s) managing the premises entirely separate from other residents' accommodation? <i>(tick appropriate box)</i></p>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<p>5. Number of Rooms</p> <p>a) Total number of habitable rooms in the house (exclude bathroom and WC)</p>		
<p>b) Total number of letting bedrooms</p>		
<p>c) Total number of public rooms available for use by residents i.e. lounge/dining room etc.</p>		
<p>d) Total number of rooms used for private accommodation</p>		
<p>6. Residents <i>(Please tick where appropriate)</i></p> <p>Do you intend to cater for long-term residents including students who will occupy the premises as their main home?</p>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<p>7. Catering Arrangements <i>(Please tick where appropriate)</i></p> <p>a) Do you offer Bed & Breakfast accommodation?</p>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<p>b) Do you offer Full Board accommodation?</p>	YES <input type="checkbox"/>	NO <input type="checkbox"/>

c) Do you offer Self Catering accommodation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
d) Do you offer Bed Only accommodation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
8. Period of time premises has been acting as an HMO (if applicable)		
9. Has/have the applicant(s) or any other person named in this application, ever been convicted of any crime or offence (including any spent convictions as defined in the Rehabilitation of Offenders Act 1974)? (Enter YES or NO only)		
10 a) Specify the buildings insurance in force, covering details of insurance company and amount covered Enclose with application a copy of the Insurance Certificate or other proof of insurance cover		
11. Are you aware of any building work which has been carried out in this property in the past 10 years. If so, please specify		
12. DECLARATION		
a) I declare that the information given by me on this form is correct to the best of my knowledge and belief.		
b) I/we declare that I/we will notify the licensing authority of any changes to details declared in this application.		
Signature of Applicant or Agent Date Position of Applicant or Agent		
NB: If any person making this application, or in connection with making this application, makes any statement which he/she knows to be false or recklessly makes any statement which is false may be guilty of an offence and liable, on summary conviction, to a fine not exceeding £ 5,000.		

WHEN COMPLETED, THIS FORM SHOULD BE SENT TO: Public Health Protection Unit, Fire & Rescue Service, West Hartford Business Park, Cramlington, NE23 3JP