



APPLICATION FOR A LICENCE

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IMPORTANT INFORMATION

It is an offence to provide false or misleading information intentionally or through recklessness.

PLEASE ENSURE ALL PARTS OF THE FORM ARE COMPLETED CLEARLY IN BLACK INK.

Throughout this form The Housing Act 2004 is referred to as 'The Act'

Please refer to the associated 'Guidance on Completing the Application' whilst completing this form.

Reference documents also available include 'Selective Licensing in Hyndburn: General Guidance Notes', 'Selective Licensing: Criteria for Fit and Proper Person and Management Standards & Standard Licence Conditions' and 'Selective Licence Fees'. All of which are available from the Private Rented Team, Regeneration & Housing Services, Scaitcliffe House, Ormerod Street, Accrington, BB5 0PF
Email: strat@hyndburnbc.gov.uk or online at www.hyndburnbc.gov.uk/selectivelicensing

FOR FURTHER INFORMATION CONTACT:-

Private Rented Team
Regeneration and Housing
Scaitcliffe House
Ormerod Street
Accrington
BB5 0PF

Telephone: 01254 380166/380125
E-mail: strat@hyndburnbc.gov.uk
www.hyndburnbc.gov.uk/selectivelicensing

If you require this information in a different format, for example large print, audio or in different languages, please let us know.

SECTION 1 ADDRESS OF HOUSE REQUIRING A LICENCE (including postcode)

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.....

Postcode:

SECTION 2 DETAILS OF THE PERSON WHO COLLECTS THE RENT – This is defined in the Act as the person having control of the house.

(If this is an organisation state the organisation name and then provide full details in Section 6)

Full Name:

Maiden/Previous Name (if applicable):

Address:

..... Postcode:

Tel No: Emergency No:

E-mail:

National Insurance No: Date of Birth...../...../.....

SECTION 3 DETAILS OF THE OWNER OF THE HOUSE – This is defined in the Act as the person managing the house, for joint owners include the details in relation to other owners in Section 20.

(If this is an organisation state the organisation name and provide full details in Section 6)

If this is the same as in Section 2 please tick and proceed to Section 4.

Full Name:

Maiden/Previous Name (if applicable):

Address:

..... Postcode:

Tel No: Emergency No:

E-mail:

National Insurance Number: Date of Birth...../...../.....

Is this the sole owner of this house? YES / NO

SECTION 4 WHO IS THE PROPOSED LICENCE HOLDER? – The Council will only issue the licence to the most appropriate person, which is usually the person in control of the house unless there are exceptional circumstances. The Council will not accept a licence holder who is not resident in the United Kingdom.

Person Collecting Rent Owner Other

If other please give full details as in section 2 & 3:

.....
.....

Please provide a passport sized photograph of the Proposed Licence Holder if this is an individual.



SECTION 5 DETAILS OF ANY OTHER PERSON INVOLVED IN THE MANAGEMENT OF THE HOUSE- This is the Proposed Manager and has a different meaning to the 'Person Managing the House'.
(If this is an organisation state the organisation name and provide full details in Section 6)

5.1 Is there anyone else involved with the management of the house?

YES / NO

If YES you must give their details below and they must sign the declaration at Section 21 confirming they agree to be bound by the conditions of the licence.

Full Name:

Maiden/Previous Name (if applicable):

Address:

..... Postcode:

Tel No: Emergency No:

E-mail:.....

National Insurance Number.....

Please give details of their role, do they:

5.2 Collect the rent?

YES / NO

5.3 Let the house on your behalf?

YES / NO

5.4 Order repair / maintenance work on the house?

YES / NO

5.5 Act as the point of contact for the tenant?

YES / NO

5.6 Please give a brief description of any other involvement they have:

.....

.....

.....

If the Proposed Manager is an individual please provide a passport sized photograph



SECTION 6 IF SECTION 2, 3 OR 5 IS A COMPANY, PARTNERSHIP, CHARITY or TRUST

6.1 Please indicate if either the person who collects rent and/or, the owner and/or the person involved with the management are a company, partnership, charity or trust etc, by circling one or more of the below.

Person Who Collects Rent (Circle if applicable)	Owner (Circle if applicable)	Person Involved with the Management (Circle if applicable)
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(Please use Section 20 or a photocopy of this page if more than one company operate different roles)

Name of Organisation:

Company No (if applicable):

Registered Address:

.....

.....Postcode:

Primary Contact: Position:.....

Operational Address (if this is different from the registered address)

.....

.....Postcode:

Tel No: Emergency No:

E-mail:

6.2 DIRECTORS, TRUSTEES and or PARTNERS - Please provide in Section 20 the following details for all Directors / Trustees / Partners.

a) Full Name b) Position c) Home Address with Post Code

SECTION 7 DETAILS OF OTHER LICENCES HELD BY THE PROPOSED LICENCE HOLDER

Does the Proposed Licence Holder hold any other licences under part 2 or part 3 of the Housing Act 2004?

YES / NO

If yes please give details:

Local Housing Authority	Address of licensed house(including post code)	Part 2 or Part 3

Please continue in Section 20 if necessary

SECTION 8 DETAILS OF OTHER PROPERTIES HELD BY THE PROPOSED LICENCE HOLDER

Does the Proposed Licence Holder or Owner own or manage any other properties within the Selective Licensing area (see attached street list)?

YES / NO

Please list all properties below and continue on additional sheets if necessary:

	Property Address
Property 1	
Property 2	
Property 3	
Property 4	
Property 5	
Property 6	
Property 7	
Property 8	
Property 9	
Property 10	
Property 11	
Property 12	

Please continue in Section 20 if necessary

SECTION 9 NOTIFICATIONS

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 are:

1. Any mortgagee of the house to be licensed;
2. Any owner of the house to which the application relates (if this 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 house 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 conditions in a licence if it is granted.

Are any of the above categories applicable to your house?

YES / NO

If YES, 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 and or fax number (if any) of the proposed licence holder (if it will not be you);
3. Whether this is an application for an HMO licence under Part 2 or for a house licence under Part 3 of The Housing Act 2004;
4. The address of the house to which the application relates;
5. The name and address of the local housing authority to which the application will be made;
6. The date the application will be submitted;

I/We declare that I/We have served a 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 of person or organisation	Correspondence Address	The person's interest in the house and / or application	Date Notice Served

SECTION 10 FIT AND PROPER PERSON (LICENCE HOLDER AND ANY MANAGER)

The Council must have regard (amongst other things) to the following matters in relation to any person who will be the licence holder or manager:

You **MUST** declare whether any of the following apply to the Proposed Licence Holder, Proposed Manager **AND** any other person associated or formerly associated with the Proposed Licence Holder or Manager, whether on a personal, work or other basis.

- a) Details of any unspent convictions that may be relevant to the proposed licence holders fitness to hold a licence or the proposed managers fitness to manage the HMO or house and, in particular, any conviction in respect of any offence involving fraud or other dishonesty, or violence or drugs, or any offence listed in Schedule 3 to the Sexual Offences Act 2003 (c.42).
- b) Details of any finding by a Court or Tribunal against the proposed licence holder or manager that he/she has practiced unlawful discrimination on grounds of sex, colour, race or ethnic or national origin or disability in, or in connection with the carrying on of a business.
- c) Details of any contraventions on the part of the proposed licence holder or manager of any provision of any enactment relating to housing, public health, environmental health or landlord and tenant law which led to civil or criminal proceedings resulting in a judgement being made against him/her.
- d) Information about any HMO or house the proposed licence holder or manager owns or manages or has owned or managed which has been the subject of:
 - i. A Control order under Section 379 of The Housing Act 1985 (c.68) in the five years preceding the date of the application;
 - ii. Any appropriate enforcement action described in Section 5(2) of The Act.
- e) Information about any HMO or house the proposed licence holder or manager owns or manages, or has owned or managed for which a local housing authority has refused to grant a licence under Parts 2 and 3 of The Act, or has revoked a licence in consequence of the licence holder breaching the conditions of his/her licence; and
- f) Information about any HMO or house 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 under The Act.

HAS THE PROPOSED LICENCE HOLDER, ANY PROPOSED MANAGER OR ANYONE ASSOCIATED WITH THEM COMMITTED ONE OR MORE OF THE OFFENCES LISTED ABOVE?

YES / NO

If YES, give details:

.....

.....

.....

.....

SECTION 11 MANAGEMENT ARRANGEMENTS

11.1 Are you satisfied that the Licence Holder and any person bound by the conditions of the licence is competent to manage the house?

YES / NO

11.2 For how long has the Proposed Licence Holder been managing (not just owning) a privately rented house?

.....

11.3 How many privately rented properties does the Proposed Licence Holder currently manage?

.....

11.4 How does the Proposed Licence Holder obtain references for new tenancies?

.....

11.5 What steps do you take to prevent or reduce anti-social behaviour by a person either occupying or visiting the house? (Continue in Section 20 or supply extra evidence you deem appropriate)

.....

.....

11.6 Does the Proposed Licence Holder have sufficient funds available to enable the house to be suitably managed and maintained?

YES / NO

11.7 Is the Proposed Licence Holder a member of an approved national Landlords/Letting Agent Association? i.e. NLA, RLA, ARLA, etc.

If YES please give details

YES / NO

Association: Membership No.:

SECTION 12 DESCRIPTION OF THE HOUSE (please tick all that apply)

- 12.1** House in single occupation
- House in multiple occupation
- Flat in single occupation
- Flat in multiple occupation
- A house converted into and comprising only self-contained flats
- A purpose built block of flats
- Other

12.2 The house is: Detached Semi-detached Terraced

12.3 Estimate the age of the house:

Pre 1919 1919 – 1945 1946 – 1964 1965 – 1980 Post 1980

SECTION 13 HOUSE DETAILS

13.1 How many separate letting units are there within the house?

13.2 How many habitable rooms are there (rooms excluding kitchens/bathrooms)?

13.3 How many bathrooms / shower rooms are there?

13.4 How many toilets are there?.....

13.5 How many wash hand basins are there?

13.6 How many kitchens are there?

13.7 How many sinks are there (excluding wash hand basins)?

13.8 How many households occupy the house?

13.9 How many people occupy the house?

13.10 What date did the current tenants move into the house?

13.11 Please tell us the date you first let this house?

13.12 Does the house have heating in every room? YES / NO

If NO please give details of the heating provisions in the house:

.....

13.13 Which storeys does the property have?

13.14 Details of smoke alarms provided on each level: (please tick)

Basement/cellar	Yes/No	Removable Battery <input type="checkbox"/>	Fixed Battery <input type="checkbox"/>	Mains Wired <input type="checkbox"/>
Ground Floor	Yes/No	Removable Battery <input type="checkbox"/>	Fixed Battery <input type="checkbox"/>	Mains Wired <input type="checkbox"/>
First Floor	Yes/No	Removable Battery <input type="checkbox"/>	Fixed Battery <input type="checkbox"/>	Mains Wired <input type="checkbox"/>
Second Floor	Yes/No	Removable Battery <input type="checkbox"/>	Fixed Battery <input type="checkbox"/>	Mains Wired <input type="checkbox"/>
Attic	Yes/No	Removable Battery <input type="checkbox"/>	Fixed Battery <input type="checkbox"/>	Mains Wired <input type="checkbox"/>
Other..... <small>(Please state)</small>		Removable Battery <input type="checkbox"/>	Fixed Battery <input type="checkbox"/>	Mains Wired <input type="checkbox"/>

Note: If you have indicated that the house is served by battery powered smoke alarms these must be replaced by mains wired or long life battery smoke alarms and written confirmation provided before a licence can be issued.

13.15 Please give details of any other fire precaution equipment and any fire safety advice provided to occupiers:

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.....

13.16 Please give details of fire escape routes from the house:

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SECTION 14 GAS SUPPLY

14.1 Does the house have a gas supply?

YES / NO

If YES please include the current gas safety certificate with this application

14.2 Are there any solid fuel burning combustion appliances within the property?

YES / NO

If yes, please state type of solid fuel appliance

Where is it located?

14.3 Is there a Carbon Monoxide detector in the house?

YES / NO

Where is it located?

What type of detector is it?

If NO and there is a gas supply in the house you must provide a Carbon Monoxide detector and supply written confirmation before a licence will be issued.

SECTION 15 ENERGY PERFORMANCE CERTIFICATE

Has the house been re-let or let for the first time since 1st October 2008?

YES / NO

If YES please enter the 20 digit reference number that appears on the front of the Energy Performance Certificate:

SECTION 16 ELECTRICAL INSTALLATION

Is the electric installation under five years old?

YES / NO

If YES please include the Part P Building Regulations Certificate with this application.

If NO a valid Periodic Electrical Safety Certificate dated within the last five years must be included with this application or supplied to the Private Rented Team within 1 year of licence being issued.

SECTION 17 PORTABLE ELECTRICAL APPLIANCES (e.g. washing machine, fridge, microwave, kettle, etc)

Are any portable electrical appliances provided as part of the tenancy?

YES / NO

If YES they should have been tested by a qualified contractor and given a PAT safety certificate within the last 12 months, please include any certificates with this application.

SECTION 18 SOFT FURNISHING (e.g. beds, sofas, armchairs, etc.)

Do you supply any soft furnishings as part of the tenancy?

YES / NO

If YES please provide details with this application that they comply with the Furniture and Furnishings (Fire)(Safety) Regulations 1988.

SECTION 19 TENANCY AGREEMENT / WRITTEN TERMS

Have you provided the tenant with a written statement of the terms upon which they occupy the house?

YES / NO

Please supply a copy of the current Tenancy Agreement with this application form.

SECTION 20 ADDITIONAL INFORMATION

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Continue on additional sheets if necessary.....

SECTION 21 DECLARATIONS

I/We declare that all electrical appliance and soft furnishings provided by me/us are safe and comply with relevant legislation.

I/We declare that it is my/our belief the house/HMO is in a good state of repair and is legally suitable for occupation.

I/We agree to the Council making enquiries with any relevant and or mentioned bodies/parties, other Councils or parts of Hyndburn Borough Council, to verify the statement I/We have made.

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 knowingly 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/we understand and accept that if I/we withhold information or provide false or misleading information this may result in this application being rejected.

Signed:

Date:

Print Name:

PROPOSED LICENCE HOLDER / PROPOSED MANAGER (DELETE AS APPROPRIATE)

Signed:

Date:

Print Name:

PROPOSED LICENCE HOLDER / PROPOSED MANAGER (DELETE AS APPROPRIATE)

The person who has completed the form is the

PROPOSED LICENCE HOLDER / PROPOSED MANAGER / OTHER (delete as appropriate)

If OTHER please give details:

Signature:

Date:

Print Name:

Address:

.....

Telephone Number:

SECTION 22 PREFERRED PAYMENT METHOD

Payment must be made or an arrangement agreed before a licence is issued. Please indicate your preferred method of payment below:

Single Payment.....

Instalments by Direct Debit (please also include a direct debit mandate).....

Instalments by Cash/Card/Bank Transfer/Cheque.....

DECLARATION

Please state who is paying the licence fee.....

I AM THE PROPOSED LICENCE HOLDER/OWNER/OTHER (DELETE AS APPROPRIATE)

I understand by applying for the licence I am liable for the licence fee which must either be paid in full before a licence is issued or I will enter into an agreement with the Council to pay the Licence fee in instalments (unless the Council has reason to refuse this method).

Signed:

Date:

Print Name:

Please note licence fees are subject to change and different dependent on method of payment chosen. Please refer to the licence fee schedule for further information.

BEFORE YOU RETURN YOUR FORM, PLEASE ENSURE

All sections are complete.....

Passport size photo(s) attached to form where applicable.....

All relevant people have been notified of your application.....

Application form signed by Proposed Licence Holder.....

Application form signed by any Proposed Manager.....

Preferred payment method indicated.....

CHECKLIST OF ITEMS TO RETURN WITH YOUR LICENSING APPLICATION

Annual Gas Safety Certificate YES / NO / NOT APPLICABLE

Electrical Inspection Certificate YES / NO / TO FOLLOW

PAT safety certificate YES / NO / NOT APPLICABLE

Direct Debit Mandate (if applicable).....

ABOUT YOU

The following questions are optional however if you are an individual rather than completing on behalf of a company this will help the Council to understand the profile of its private landlords and enable services to be tailored accordingly. Please note all information gathered in this part will be treated in the strictest confidence.

Are you:

Male..... Female.....

How old are you?

Under 24..... 25-34..... 35-44.....

45-54..... 55-64..... 65 and over.....

What is your ethnic group?						
White	British	<input type="checkbox"/>	Irish	<input type="checkbox"/>	Other European	<input type="checkbox"/>
	Traveller of Irish Heritage	<input type="checkbox"/>	Other	<input type="checkbox"/>		<input type="checkbox"/>
Black/Black British	African	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	Other	<input type="checkbox"/>
Asian/Asian British	Bangladeshi	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Indian	<input type="checkbox"/>
	Pakistani	<input type="checkbox"/>	Other	<input type="checkbox"/>		<input type="checkbox"/>
Mixed/Multi Ethnic	White and Asian	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>	Black and Asian	<input type="checkbox"/>
Prefer Not to Answer		<input type="checkbox"/>				

What is your religion or faith?

None..... Christian..... Muslim..... Buddhist.....

Jewish..... Hindu..... Sikh..... Other.....

Prefer not to say

What is your sexual orientation?

Hetrosexual..... Bisexual..... Lesbian/Gay..... Other.....

Prefer not to say.

Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? Please include problems related to old age.

Limited a lot..... Limited a little..... Not limited.....

What is your current employment status?

Full time landlord.. Employed full time.. Employed part time Self-employed..
Unemployed..... Actively looking for employment..... Retired.....
Student..... Permanently sick/disabled..... Other.....