How to complete this Application Form

**Please read these Notes carefully before completing this Application.**

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| **NOTES** | |
| **Paragraph**  **Reference** | **The Housing Act 2004, Regulations and Guidance govern the process of application and issue of Licences for HMOs. These requirements are set by the government and are not within the discretion of the Council.**  **Please read these Notes carefully before completing this Application.**  If you do not complete the form correctly or do not send in all the required documents, the processing of your application will be delayed.  If you need help completing the form, please contact the Private Sector Housing Team on 020 8207 2277 Extn 5040 or email [housing@hertsmere.gov.uk](mailto:housing@hertsmere.gov.uk)  Complete a separate Application form for each property.  Use **black** ink and **CAPITAL LETTERS**.  Write only in the clear boxes provided. If you need extra space please use the ‘Additional Information’ page at the back or separate sheets of paper headed with the address of the property to be licensed and make sure they are securely attached to the Application Form.  The Housing Act 2004 requires the Council to publish a ‘Register of Licences’. Please be aware that some of the information provided by you within this Application Form has to be shown in this Register, which will be available to the public.  A licence will be valid for 5 years from the date of issue, unless revoked. |
|  | This Application Form is in seven Parts.  **Part 1** deals with general information regarding the property and the Applicant.  **Part 2** gives details of the proposed Licence Holder**.**  **Part 3** need only be completed if a manager is employed who is not the applicant or licence holder.  **Part 4** gives information about any other people having an interest in the property.  **Part 5** gives details about standards of the property and its management.  **Part 6** is the declaration and must be signed by the Applicant(s).  **Part 7** is a checklist of the documents that must be submitted with the Application. |
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| **1.1** | Insert the full address of the property to be licensed**.** |
| **1.2** | **The APPLICANT** is the Company, Partnership or Person applying for a Licence for a House in Multiple Occupation. The Applicant must be identified in the application. The Applicant may be the Owner, a Manager or another person, called ‘the Licence Holder’.  Tick one box to show whether the Applicant is an individual or the type of organisation. If an individual, do not complete Parts 1.3 & 1.4. |
| **1.3**  **1.4** | Use the office address where you want us to communicate with you. This cannot be a Post Office Box Number. If you give an email address we may communicate with you using either electronic mail or the postal service. We will normally communicate with the Licence Holder whose details are provided in Part 2 |
| **1.5** | Only complete this section if the Applicant is an individual. |
| **1.6** | If the Licence Holder is not the Applicant or Owner, then the Applicant and Owner must sign the declaration to show they agree to a licence being issued to the Licence Holder. The Council is required by the Housing Act 2004 to issue the Licence to the appropriate person. |
| **1.7** | Show which type of licence you are applying for:   * **Application for a Licence** - for a property that does not have a current Licence. * **Application for a variation of an existing Licence** – where there is a Licence in force, but you wish to make changes to it (e.g. a change of Manager or you wish to increase the permitted number of tenants). * **Renewal of a Licence** – at the end of the period of the previous Licence. |
| **1.8** | Show the type of property for which the Application is being made   * **House in multiple occupation** – a house that is occupied by more than one household. For definition of ‘Household’ see Note 5.9. * **Flat in multiple occupation** - a flat or maisonette that is occupied by more than one household. * **Property converted into units of accommodation** that are not all self-contained flats. |
| **1.9** | Show how the HMO is operating:   * **Shared facilities** – the tenants have their own bedrooms but share bathrooms, kitchens and/or toilets and maybe a living or communal room. * **Bedsits with some shared facilities** – the tenants occupy a room or rooms in which they both sleep and live with some exclusive facilities and some shared. They are unlikely to share a communal room. * **A dwelling-house with lodgers** – where the owner lives in the property and lets out rooms where the tenants share some facilities. * **A hostel or supported lodgings** – where an element of care or support is provided to the tenants. Please contact the Private Sector Housing Team if you feel that your property comes into one of these categories. |

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| **2.1**  **2.2**  **2.3** | **The LICENCE HOLDER** is the person who takes responsibility for the Licence and any conditions that are issued with it. If the Applicant is a limited company the Licence Holder can be the company itself. Otherwise, a licence must be held by one named person and this person must be identified in the application. This person can also be the Applicant if an individual and/or the Manager.  Full details must be provided. The Licence Holder’s name and address will be used for all official correspondence, and will be shown on the Council’s Public Register of HMO Licences. The Licence Holder must agree to this by signing the form at 2.2.  Evidence of the Licence Holder’s permanent residential address must be supplied with the Application. This may be a copy of a driving licence; a recent bank or building society statement; a recent utility bill etc.  Evidence of the Licence Holder’s National Insurance Number and date of birth must also be provided. This may be a copy of any official documents showing the Licence Holder’s name, National Insurance number and date of birth.  Two passport style photographs must also be provided. |
| **2.4** | The Housing Act 2004 requires applicants to provide a list of other properties, both in Hertsmere Borough and elsewhere for which you have applied (or are applying) for a Licence. Please list them on the Application Form or on the ‘Additional Information’ page at the back or attach a separate list headed ‘2.4 - Other licensable properties’. |
| **2.5** | This is the declaration by the proposed Licence Holder.  The proposed Licence Holder must sign the declaration to confirm that he/she has read and understood the statements and that they are a ‘fit and proper person’ as defined by the Housing Act 2004, section 66 and the Licensing and Management of Houses in Multiple Occupation and Other Houses (Miscellaneous Provisions) (England) Regulations 2006, Regulation 3. This is a summary of the legislation:  *‘The Local Authority* *must have regard (among other things) to evidence which shows that the proposed Licence Holder or any person associated or formerly associated, whether personally or on a work basis with that person, provided it is relevant to whether the proposed licence holder is fit and proper, has:*  *a) Committed an offence involving Fraud,* *Dishonesty,* *Violence, Drugs,* *Sexual Offences Act 2003, Schedule 3 (offences attracting notification requirements);*  *b) Practiced unlawful discrimination on grounds of sex, colour, race, ethnic or national origin or disability, in connection with a business.*  *c) Contravened any provision of Housing, Public Health, Environmental Protection or Building Act legislation and has been served with a Notice and in particular within the last 5 years been in control of any property or subject to a Control Order under section 379 of the Housing Act 1985, or subject to civil or criminal proceedings in respect of the above legislation resulting in a judgment being made where:*   * *the Local Authority has had to carry out works in default* * *Subject to a Management Order under the Housing Act 2004, or,* * *been refused a licence or breached conditions of a Licence.*   *d) Been cautioned or convicted of an offence under landlord and tenant law such as illegal eviction or harassment.*  *e) Acted in contravention of any Approved Code of Practice (ACoP) approved under section 235 of the Housing Act 2004.*  *f) Been refused a licence under Parts 2 or 3 of the Housing Act 2004’.*  We may approach other Council services and other agencies such as the Police, Fire and Rescue Service, Office of Fair Trading, County Court etc, for information and confirmation.  Signing the declaration at Part 2.5of the Application Form will be taken as your agreement to any such action and that you are confirming that none of the above prevents you from being the Licence Holder. |
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| **3.1**  **3.2**  **3.3** | **The MANAGER** is the Person who takes responsibility for the day-to-day management of the HMO. If this is a different person from the Licence Holder, the Manager must be identified in the application. This person can also be the Applicant. If the Licence Holder will be managing the HMO, tick ‘Yes’ at Part 3.1 and leave the rest of Part 3 blank. If the Manager is a different person to the Proposed Licence Holder complete Part 3.  All the requirements and notes above under **2 The Licence Holder,** alsoapply to **The Manager, including the declaration of ‘Fit and Proper Person’ at Part 3.5.** |
| **3.4** | The Housing Act 2004 requires Managers to provide a list of other properties, both in the Hertsmere Borough and elsewhere that you manage/will manage and for which you have applied (or are applying) for a Licence. Please list them on the Application Form or on the ‘Additional Information’ page at the back or attach a separate list headed ‘3.4 - Other licensable properties managed’. |
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| **4.1** | The Applicant must let certain people know (in writing) that this Application is being made. If there are no other people with an interest in the property, delete the first paragraph of the declaration and sign.  You can notify other relevant people by giving each of them a copy of the completed Application Form or by using the form on page 21 of this application. This form is called: **‘Notice of a Property to be Licensed under the Housing Act 2004’**  Fill in the details, photocopy the number of forms required and address a copy to each of the people listed below. You may need to give your reference number so that this person or organization can identify you, for example an account number for a lender or mortgagee.  You must then complete and sign Part 4 to confirm that Notice of this Application has been served on the relevant people. If there are more than 3 people that you are required to serve this notice on, you may use additional copies of Page 14 of this form or a separate sheet. Please number each person to avoid confusion.  **The persons who you need to inform about your Application are:**   * Any mortgagee * Any owner of the property to which the application relates (if that is not yourself) i.e. the freeholder and any head lessors who are known to you. * Any other person who is a tenant or long leaseholder of the property or any part of it (including a flat) who is known to you, other than a statutory tenant or other tenant whose lease or tenancy is for less than 3 years (including a periodic tenancy). * The proposed licence holder (if that is not you). * The proposed managing agent (if any) (if that is not you). * Any person who has agreed that he/she will be bound by any condition(s) in a licence if it is granted.   **You must tell each of these persons:**   * Your name, address, telephone number and e-mail address (if any). * The name, address, telephone number and e-mail address (if any) of the proposed Licence Holder (if it will not be you). * The address of the property to be licensed. * That the application refers to a ‘Part 2 (HMO) Licence’. * The name and address of the Local Authority to which the application will be made * The date the Licence Application will be submitted. |
| **4.3**  **4.4**  **4.5** | The **‘Date the Notice was served’** can be the same as the ‘Date of Application’ or earlier. It cannot be later. The ‘**Date of Application’** is the date at Part 6 that you sign and send the Application to the Council |

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| **5.1** | Address of Property - this is the same address as at **1.1** |
| **5.2** | Tick one box to show the type of property. |
| **5.3** | Tick one box to show the approximate date of original construction. |
| **5.4** | If the property has been converted into flats/bedsits since its original construction, give the date of conversion. |
| **5.5** | Give details of all significant works carried out since 1985. Enclose copies of Planning Permissions, Building Regulation Approvals or Completion Certificates with your application. If you are not sure of dates, give an approximation of the year. |
| **5.6** | Storeys include habitable basements and attics and commercial units (at whatever level), and garages if they occupy a whole floor. e.g. a two-storey maisonette over a shop or garages is three storeys. |
| **5.7** | Commercial activity includes, shops, offices, public houses, restaurants etc |
| **5.8** | ‘Letting Units’ normally refers to ‘bedrooms’ unless a let includes a group of rooms let solely in one tenancy, (e.g. a bedroom, bathroom and kitchen for the sole use of one tenant or one tenant and his/her family). |
| **5.9** | Show the ***maximum*** number of occupants that you wish to licence for this property, even if this is different to the current number of occupants. It is the Applicant’s responsibility to make sure the property meets the space and amenities standards for this number of people.  ‘Occupants’ includes everyone – each baby and child are counted as 1 occupant. ‘Household’ can be a single person, a married/cohabiting couple whether or not of the opposite sex, families with children, other related persons etc. However, unrelated single people are separate households irrespective of living arrangements, e.g. 5 single people are 5 households. See the space requirements at Note 5.17 below. |
| **5.10** | Show the current number of occupants. Do not include temporarily vacant rooms |
| **5.11** | Show the current number of households. Do not include temporarily vacant rooms.  See Note 5.9 above regarding ‘household’. |
| **5.12** | Show if any part of the property is used by the Owner or Manager and they have exclusive use of their own amenities, i.e. their accommodation is not shared with the tenants. |
| **5.13** | Show the total number of bedrooms for let |
| **5.14** | ‘Communal room’ means a shared living or dining room. Do not include porches, halls, corridors, storage areas or similar. Do not include bathrooms/showers, toilets or kitchens as this information is given at 5.19 |
| **5.15** | This is the *number of rooms* occupied by the Owner or Manager entered in Box 5.12 |
| **5.16** | ‘Meal’ means at least one regular cooked meal each day |
| **5.17**  **5.18**  **5.19** | Minimum floor area standards for bedrooms – See separate ‘Amenity Standards’ document. |
| The number of people sharing includes babies and children. Everyone must have their own allocation of space.  Everyone over the age of 10 years must be able to occupy sleeping accommodation so that they do not have to share with someone who is not a close relative and/or with someone of the opposite sex unless they are living together/co-habiting.  Close relative means parent, grandparent, child, grandchild, brother, sister, uncle, aunt, nephew, niece or cousin. People who are not close relatives should not be required to share a bedroom without their prior consent. |

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| **5.20** | If there is no central heating, a fixed space heater must be provided in each habitable room. |
| **5.21** | ‘Common Parts’ are areas that connect rooms (e.g. hallways, staircases, passages etc.)  The ‘escape route’ is the exit from every room through the nearest accessible external door of the property and usually includes the staircase.  ‘Fire door’ is a door, doorframe, smoke seals, intumescent strips and self-closing mechanism that provides ½-hour fire resistance to the relevant British Standard.  Provide a copy of the service agreement or contract for the maintenance of fire detection and alarm equipment. |
| **5.22** | Although you may not feel qualified to give an opinion as to whether the property is ‘structurally sound’ you should answer these questions to the best of your knowledge and ability. |
| **5.23** | To comply with the Furniture and Furnishing (Fire) (Safety) Regulations 1998, any furniture and furnishing must have the appropriate labels attached. If you are not sure whether furniture and furnishings comply with this legislation you may contact your local Trading Standards Office for advice. Where you are satisfied that the furniture complies, sign the declaration to that effect. If you cannot sign this declaration, you may be required to replace the suspect furniture as a condition of the Licence. |
| **5.24** | **Gas & Electrical Safety.**  **Gas Safety.** If a rented property has a gas supply you are required by law to have a valid Gas Safety Certificate and a copy of it will form part of your Application. A Gas Safety Certificate is valid for one year.  **Electrical Safety.** All properties must have a valid NICEIC (or equivalent) electrical inspection and test certificate for the electrical installation and a copy of it will form part of your Application. A valid electrical test certificate is generally one that is less than 5 years old.  All properties must have a valid portable electrical appliances test certificate (often known as a ‘PAT certificate’) and a copy of it will form part of your Application. These are valid for one year unless there is a change of tenancy, in which case a new certificate must be obtained. |
| **5.25** | **Loft Insulation.** Insulation improves thermal comfort and saves energy and is part of the Government’s Decent Homes Standard.State the average depth of loft insulation in mm.  If less than 200mm grants and/or loans may be available depending on eligibility. |
| **5.26** | **Asbestos.** Landlords have a duty to manage any Asbestos containing materials in their property. If the material is in good condition and not liable to damage or disruption, for example during work of alteration, then it is normally appropriate to leave it alone. If in doubt, you should seek further advice. If you are aware of any Asbestos containing materials, state the location and type of material and confirm that it is in a sound condition. |

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| **5.27** | **Sketch Plans.** Provide a separate sketch of each floor level. The plans need to show the location, description (e.g. ‘Bed 1’) and size (width, length and floor area in metres to 0.1m) of each room in the property and key features relating to fire safety.  An example showing the type of sketch and detail required is provided on page 22 of this form. There are also 3 blank pro-forma pages for your use. Copy these if you need additional pages.  Please use the symbols shown in the key to identify the approximate position of important fixtures within the property.  Sketches can be hand drawn but should be reasonably to scale. If you already have plans of the property, you may submit a copy of them with appropriate notations instead.  Plans are required to allow the Council to determine the level of fire safety & detection equipment and other amenities (washing, food preparation areas etc.) within the property prior to inspection. | |
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| **6.0** | **Declarations and signatures.** The Applicant (or Applicants) must sign and date the Application Form to declare that the information contained is correct and that they have read the Data Protection and other statements and that they are aware some information will be available on a Public Register.  See the Note at 4.3 about the Date of Application. | |
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| **7.0** | **Enclosures.**  A checklist is enclosed at Page 20 to help you check what enclosures are needed and that they have been enclosed with the Application. Your Application is only valid if all information and enclosures have been provided. | |
| **7.12**  **7.13** | **Fees.** The fee structure reflects the cost to the Council of administering the licensing scheme. | |
| Application or Renewal for a basic 5 person/letting HMO | £882 |
| Additional fee for each additional person/letting over 5 | £ 78 |
| Application for Variation or Revocation | £220 |
| Fees by way of a cheque made payable to ‘Hertsmere Borough Council’ or online by transfer must accompany the Application. If a cheque is dis-honoured the application will not be valid.  Fees include reasonable consultation time at the Council offices but additional fees may be levied for additional visits to the property or in cases of unreasonable delay or non co-operation by anyone associated with the Application. | |
| A single discount of £55 per Application will be applied where the applicant is an Approved Landlord or a member in good standing of a recognised Landlord’s Association. | |

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| **PART 1 - GENERAL INFORMATION** | | |
| **1.1** | **Full Address of HMO to be licensed** |  |
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|  | Postcode |  |

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| **1.2** | **About the Applicant** | (**√**) | | |
|  | Is the Applicant *(tick one)* | An Individual |  | Go to Part 1.5 |
| A Company |  | Continue below |
| A Partnership |  | Continue below |
| A Charity |  | Continue below |
| A Trust |  | Continue below |
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| **1.3** | **Organisation’s Registered Office or Mailing Address** |  |  |  |
|  | |  |  |  |
|  | |  |  |  |
|  | Postcode |  | | |
|  | Registration Number |  | | |
|  | Email Address *(if applicable)* |  | | |
|  | Telephone Number |  | | |

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| **1.4** | Details of Company Secretary  Full Names *(Please print)* |  |
|  | Address *(if different from 1.3)* |  |
|  | |
|  | Postcode |  |
|  | Email Address *(if applicable)* |  |
|  | Telephone Number |  |

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| **1.5** | Details of the Applicant  *(only if an Individual)* | Title : Mr / Mrs / Miss / Ms / Other: |
|  | Last Name |  |
|  | First Name |  |
|  | Address |  |
|  | |
|  | Postcode |  |
|  | Email Address *(if applicable)* |  |
|  | Telephone Number |  |

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| **1.6** **If** the proposed **Licence Holder** is **not** the Applicant or the Owner of the property, then the proposed Licence Holder **and** the Owner must sign the following declarations. | | | | | |
|  | | | | | |
| **I consent to being named as the proposed Licence Holder of the above property.** | | | | | |
| Full Names *(Please print)* |  | | | | |
| Signature |  | Date |  | | |
|  | | | | | |
| **I, as the Owner of the above property, consent to the above named person being the Licence Holder.** | | | | | |
| Full Names *(Please print)* |  | | | | |
| Signature |  | Date |  | | |
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| **1.7 What type of Licence are you applying for?** | | | | Tick one |
| Application for a new Licence | | | |  |
| Application for a Variation to an existing Licence | | | |  |
| Application for the Renewal of an existing Licence | | | |  |

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| **1.8 What is the type of property?** | Tick one |
| House in Multiple Occupation |  |
| Flat in Multiple Occupation |  |
| Converted building where not all units are self contained |  |
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| **1.9 How is the HMO operating?** | Tick one |
| Shared facilities |  |
| Bedsits with some shared facilities |  |
| A dwelling-house with lodgers |  |
| A hostel |  |
| Supported lodgings |  |

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| **PART 2 - THE PROPOSED LICENCE HOLDER** | | |
| **2.1** | **Details of the Proposed Licence Holder** | Title : Mr / Mrs / Miss / Ms / Other: |
|  | Last Name |  |
|  | First Name |  |
|  | Permanent Address |  |
|  | |
|  | Postcode |  |
|  |  |  |
| **2.2** | **Agreement** I hereby agree to my name and address being used for all official correspondence and understand that it and other required information will be shown on Hertsmere Borough Council’s Public Register of HMO Licences. | |
|  | **Proposed Licence Holder’s Signature** |  |
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| **2.3** | **Personal Details** |  |
|  | Home Telephone Number |  |
|  | Work Telephone Number |  |
|  | Mobile Telephone Number |  |
|  | Email Address (if applicable) |  |
|  | National Insurance Number |  |
|  | Date of Birth |  |
|  | Nature of Interest in the Property |  |
| The proposed Licence Holder must provide satisfactory evidence of their permanent address, National Insurance number and date of birth. Two passport style photographs must be provided. - see the Notes at the front. | | |

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| **2.4** | **Other Applications** If you have applied, or are applying for a Licence for other Licensable properties as a Licence Holder, either in Hertsmere or other boroughs, please list them below (or attach a list headed: ‘2.4 Other Licensable properties’). | | |
| Property Address | | Local Authority Area | Date of Licence issued |
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| **2.5** | | Declaration re Fit and Proper Person by proposed Licence Holder | | | |
| I hereby declare that I am a fit and proper person to be the **licence holder** of this HMO as defined by section 66 Housing Act 2004, and Regulation 3 of The Licensing and Management of Houses in Multiple Occupation and Other Houses (Miscellaneous Provisions) (England) Regulations 2006. | | | | | |
| In support of the above declaration I confirm that | | | | | |
|  | 1) I have no unspent convictions particularly in respect of any offence involving fraud or other dishonesty, violence or drugs, or any offence listed in Schedule 3 to the Sexual Offences Act 2003 (offences attracting notification requirements) | | | | |
|  | 2) I have not been found guilty by any court or tribunal of practising unlawful discrimination on grounds of sex, colour, race, ethnic or national origins or disability in, or in connection with, the carrying on of any business | | | | |
|  | 3) I have not had any judgements (whether civil or criminal) made against me under housing, environmental health, public health or landlord and tenant law | | | | |
|  | 4) I have not acted otherwise than in accordance with any applicable code of practice approved under section 233 of the Housing Act 2004. | | | | |
|  | 5) to the best of my knowledge (1) to (4) above do not apply to anyone who is associated with me and is also involved in the management of the property (associate includes husband, wife, colleague and business partner). | | | | |
|  | 6) I have not been in control of any property subject to a control order under S379 of the Housing Act 1985 or demolition order in the last 5 years | | | | |
|  | 7) I have not been in control of a property that has been subject to the service of an improvement notice, a prohibition order, a hazard awareness notice, or emergency remedial action under the Housing Act 2004. | | | | |
|  | 8) I have not been refused a licence or had a licence revoked for any property in relation to HMO, additional or selective licensing under the Housing Act 2004; | | | | |
|  | 9) I have not been found to have breached a condition on a licence for any property in relation to HMO, additional or selective licensing under the Housing Act 2004; | | | | |
|  | 10) I have not been in control of any property which has been the subject of an Interim or Final Management Order or a Special Interim Management Order under the Housing Act 2004. | | | | |
| I understand and accept that in checking of the accuracy of this declaration that the Council may consult with and/or share this information with other Council Services including Housing Benefits and Council Tax, other councils, agencies and statutory bodies including the Police. | | | | | |
| I understand that it is a criminal offence to knowingly supply information that is false or misleading for the purposes of obtaining a licence and that evidence of any statements made in this application with regard to the property concerned may be required at a later date. I understand that if the Council subsequently discovers something that is relevant and that I should have disclosed, or which has been incorrectly stated or described, the licence may be revoked or other action taken. | | | | | |
| Name | | |  | Signature |  |
|  | | | | | |
| If you cannot sign, delete the paragraph(s) that you cannot endorse, sign and give details here: | | | | | |

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| **PART 3 - THE MANAGER** | | | | |
| **3.1** | **Will the proposed Licence Holder be managing the property?**  If Yes, leave the rest of Part 3 blank. If No, i.e. the Manager is a different  person to the proposed Licence Holder, please complete this Part. | | **Yes** |  |
| **No** |  |
|  | **Details of the proposed Manager** | Title : Mr / Mrs / Miss / Ms / Other: | | |
|  | Last Name |  | | |
|  | First Name |  | | |
|  | Permanent Address |  | | |
|  | |
|  | Postcode |  | | |
|  |  |  | | |
| **3.2** | **Agreement** I hereby agree to my name and address being used for official correspondence and understand that it and other required information will be shown on Hertsmere Borough Council’s Public Register of HMO Licences. | | | |
|  | **Proposed Manager’s Signature** |  | | |
|  |  |  | | |
| **3.3** | **Personal Details** |  | | |
|  | Home Telephone Number |  | | |
|  | Work Telephone Number |  | | |
|  | Mobile Telephone Number |  | | |
|  | Email Address (if applicable) |  | | |
|  | National Insurance Number |  | | |
|  | Date of Birth |  | | |
|  | Nature of Interest in the Property |  | | |
| The proposed Manager must provide satisfactory evidence of their permanent address, National Insurance number and date of birth. Two passport style photographs must be provided. - See the Notes at the front. | | | | |

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| **3.4** | **Other Applications.** If you have applied, or are applying for a Licence for other Licensable properties as a Manager, either in Hertsmere or other boroughs, please list them below (or attach a list headed: ‘3.4 - Other Licensable properties managed’). | | |
| Property Address | | Local Authority Area | Date of Licence issued |
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| **3.5** | | Declaration re Fit and Proper Person by proposed Manager (Only required if the proposed manager is a different person to the proposed Licence Holder) | | | |
| I hereby declare that I am a fit and proper person to be the **manager** of this HMO as defined by section 66 Housing Act 2004, and Regulation 3 of The Licensing and Management of Houses in Multiple Occupation and Other Houses (Miscellaneous Provisions) (England) Regulations 2006. | | | | | |
| In support of the above declaration I confirm that | | | | | |
|  | 1) I have no unspent convictions particularly in respect of any offence involving fraud or other dishonesty, violence or drugs, or any offence listed in Schedule 3 to the Sexual Offences Act 2003 (offences attracting notification requirements) | | | | |
|  | 2) I have not been found guilty by any court or tribunal of practising unlawful discrimination on grounds of sex, colour, race, ethnic or national origins or disability in, or in connection with, the carrying on of any business | | | | |
|  | 3) I have not had any judgements (whether civil or criminal) made against me under housing, environmental health, public health or landlord and tenant law | | | | |
|  | 4) I have not acted otherwise than in accordance with any applicable code of practice approved under section 233 of the Housing Act 2004. | | | | |
|  | 5) to the best of my knowledge (1) to (4) above do not apply to anyone who is associated with me and is also involved in the management of the property (associate includes husband, wife, colleague and business partner). | | | | |
|  | 6) I have not been in control of any property subject to a control order under S379 of the Housing Act 1985 or demolition order in the last 5 years | | | | |
|  | 7) I have not been in control of a property that has been subject to the service of an improvement notice, a prohibition order, a hazard awareness notice, or emergency remedial action under the Housing Act 2004. | | | | |
|  | 8) I have not been refused a licence or had a licence revoked for any property in relation to HMO, additional or selective licensing under the Housing Act 2004; | | | | |
|  | 9) I have not been found to have breached a condition on a licence for any property in relation to HMO, additional or selective licensing under the Housing Act 2004; | | | | |
|  | 10) I have not been in control of any property that has been the subject of an Interim or Final Management Order or a Special Interim Management Order under the Housing Act 2004. | | | | |
| I understand and accept that in checking of the accuracy of this declaration that the Council may consult with and/or share this information with other Council Services including Housing Benefits and Council Tax, other councils, agencies and statutory bodies including the Police. | | | | | |
| I understand that it is a criminal offence to knowingly supply information that is false or misleading for the purposes of obtaining a licence and that evidence of any statements made in this application with regard to the property concerned may be required at a later date. I understand that if the Council subsequently discovers something that is relevant and that I should have disclosed, or which has been incorrectly stated or described, the licence may be revoked or other action taken. | | | | | |
| Name | | |  | Signature |  |
|  | | | | | |
| If you cannot sign, delete the paragraph(s) that you cannot endorse, sign and give details here: | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PART 4 – NOTIFICATION TO RELEVANT PEOPLE** | | | | | |
| **4.1** | **You must let certain people know in writing that you are making this Application. See the Notes at the front for a list of the people who need to know. You can let them know by using copies of the form provided at page 21 or giving them copies of this application. You also need to list all those that have been informed below or confirm there are none.** | | | | |
|
|  |  | | | | |
| **4.2** | **Declaration. \*\***I/We declare that I/we have served notice of this application on the following people, who are the only people known to me/us who are required to be informed that I/we have made this application. (For joint applications all applicants must sign).  **Or \*\*I/We declare there are no other people with a legal interest in this property** (\*\*delete) | | | | |
| First Applicant Full Names  *(Please print)* | |  | | | |
| Signature | |  | Date |  | |
| Joint Applicant Full Names  *(Please print)* | |  | | | |
| Signature | |  | Date | |  |
|  |  |  | | | |
| **4.3** | Name |  | | | |
|  | Address |  | | | |
|  | Postcode |  | | | |
|  | Interest in the property or  Application |  | | | |
|  | Date that Notice was served |  | | | |
|  |  |  | | | |
| **4.4** | Name |  | | | |
|  | Address |  | | | |
|  | Postcode |  | | | |
|  | Interest in the property or  Application |  | | | |
|  | Date that Notice was served |  | | | |
|  |  |  | | | |
| **4.5** | Name |  | | | |
|  | Address |  | | | |
|  | Postcode |  | | | |
|  | Interest in the property or  Application |  | | | |
|  | Date that Notice was served |  | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **PART 5 – DETAILS OF THE PROPERTY TO BE LICENSED** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **5.1** | Address | | | |  | | | | | | | | | | | | | | | | | | | | | | |
|
|  | Postcode | | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **5.2** | **Type of Property** *Tick one (****√****)* | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Detached | |  | Semi-  detached |  | End Terraced | | | |  | | Mid-  terrace | | | |  | | | | | Other | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **5.3** | **When was it built?** *Tick one (****√****)* | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Before 1919 | |  | 1919 - 1945 |  | 1946 - 1964 | | | |  | | 1965 - 1980 | | | |  | | | | | After 1980 | | | | | | |  |
|  | | | | |  | | | | | |  | | | |  | | | | | | | | | | | | |
| **5.4** | **Has it been converted since it was first built?** | | | | No | |  | Yes |  | | Approx. date of conversion | | | |  | | | | | | | | | | | | |
|  |  | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **5.5** | Provide details of all significant building works carried out to the property since 1985. Include copies of planning consents, building regulations approval or certificates issued on completion of works. | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Description of Works | | | | | | | | | | Date of Completion | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | |  | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | |  | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | |  | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **5.6** | How many storeys are there (including habitable basements and attics) | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **5.7** | Is any part of the property used for commercial activity (including a shop beneath a flat/maisonette)?  If Yes, state the location and use | | | | | | | | | | **Yes** | |  | | | | | | | | **No** | | |  | | | |
|  | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **5.8** | ***Proposed*** number of separate letting units. | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **5.9** | ***Proposed*** maximum number of occupants | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **5.10** | ***Current*** number of occupants | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **5.11** | ***Current*** number of households | | | | | | | | | |  | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **5.12** | Is any of the accommodation used by the owners or managers or their families entirely separate from the tenants’ accommodation?  If Yes, number of people | | | | | | | | | | **Yes** | |  | | | | | | | | **No** | | |  | | | |
|  | | | | | | | | | | | | | | | | |
| **5.13** | Total number of letting bedrooms | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **5.14** | Total number of *communal rooms* available for tenants (living and dining rooms) | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **5.15** | Total number of rooms used for private accommodation by owner/manager | | | | | | | | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **5.16** | **Board Arrangements**. Do you provide meals?  If Yes, which meals are provided | | | | | | | | | | **Yes** |  | | | | | | | **No** | | | |  | | | | |
|  | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | |  |  | | | | | | |  | | | |  | | | | |
| **5.17** | **Bedroom Space Standards**. Do all bedrooms and bed-sitting rooms meet the floor area standards set out in the Amenity Standards document?  If No, state which and why not. | | | | | | | | | | **Yes** |  | | | | | | | **No** | | | |  | | | | |
|  | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | |  |  | | | | | | |  | | | |  | | | | |
| **5.18** | **Facilities**. Please complete the following table to show the number of each type of facility and whether they are shared or sole use. | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | Number | | | | | No. of people sharing | | | | | | | | | | | |
| Room providing living accommodation | | | | | | | | | |  | | | | |  | | | | | | | | | | | |
| Room providing sleeping accommodation | | | | | | | | | |  | | | | |  | | | | | | | | | | | |
| Kitchen | | | | | | | | | |  | | | | |  | | | | | | | | | | | |
| Cooker with oven and hob | | | | | | | | | |  | | | | |  | | | | | | | | | | | |
| Microwave oven | | | | | | | | | |  | | | | |  | | | | | | | | | | | |
| Sink with draining board | | | | | | | | | |  | | | | |  | | | | | | | | | | | |
| Fridge without freezer | | | | | | | | | |  | | | | |  | | | | | | | | | | | |
| Fridge/freezer | | | | | | | | | |  | | | | |  | | | | | | | | | | | |
| Dishwasher | | | | | | | | | |  | | | | |  | | | | | | | | | | | |
| Fixed worktop for food preparation minimum 1.2m | | | | | | | | | |  | | | | |  | | | | | | | | | | | |
| Electrical sockets in kitchen ***above*** worktops  (count double as two) | | | | | | | | | |  | | | | |  | | | | | | | | | | | |
| Electrical sockets in kitchen ***below*** worktops  (count double as two) | | | | | | | | | |  | | | | |  | | | | | | | | | | | |
| Fire blankets | | | | | | | | | |  | | | | |  | | | | | | | | | | | |
| Fire extinguishers | | | | | | | | | |  | | | | |  | | | | | | | | | | | |
| Refuse storage bins | | | | | | | | | |  | | | | |  | | | | | | | | | | | |
| Is there a supply of cold water and constant hot water to the sink(s)  How is the water heated? | | | | | | | | | | **Yes** |  | | | | **No** | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | |
| Kitchen ventilation. Openable window  Extractor fan  Other (specify) | | | | | | | | | | **Yes** |  | | | | **No** | | | | | | |  | | | | |
| **Yes** |  | | | | **No** | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | |
| **5.19** | **Personal washing & sanitary facilities**. Please complete the following table to show the number of each type of facility and whether they are shared or sole use. | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | Number | | | | | No. of people sharing | | | | | | | | | | | |
| Bath ***only*** (no wash basin or toilet) | | | | | | | | | |  | | | | |  | | | | | | | | | | | |
| Bath ***with*** wash basin ***only*** (no toilet) | | | | | | | | | |  | | | | |  | | | | | | | | | | | |
| Bath ***with*** wash basin ***and*** toilet | | | | | | | | | |  | | | | |  | | | | | | | | | | | |
| Shower ***only*** (no wash basin or toilet) | | | | | | | | | |  | | | | |  | | | | | | | | | | | |
| Shower ***with*** wash basin ***only*** (no toilet) | | | | | | | | | |  | | | | |  | | | | | | | | | | | |
| Shower ***with*** wash basin ***and*** toilet | | | | | | | | | |  | | | | |  | | | | | | | | | | | |
| Separate toilet ***with*** wash basin | | | | | | | | | |  | | | | |  | | | | | | | | | | | |
| Separate toilet ***without*** wash basin | | | | | | | | | |  | | | | |  | | | | | | | | | | | |
| Wash basin in bedroom or bed-sitting room | | | | | | | | | |  | | | | |  | | | | | | | | | | | |
| Is there a supply of cold water and constant hot water to the washing facilities  If No, how is it deficient? | | | | | | | | | | **Yes** |  | | | | **No** | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | |
| Bathroom ventilation. Openable window  Extractor fan  Other (specify) | | | | | | | | | | **Yes** |  | | | | **No** | | | | | | |  | | | | |
| **Yes** |  | | | | **No** | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **5.20** | **Space Heating** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Are all habitable rooms (excluding kitchens, toilets, bathrooms, halls & landings) provided with permanently fixed heating appliances?  If No, which rooms do not have heating | | | | | | | | | | **Yes** |  | | | | | | | **No** | | | |  | | | | |
|  | | | | | | | | | | | | | | | | |
| What is the type of heating  *Tick all that apply* *(****√****)* | | | | | | | | | | Gas Central heating with Radiators | | | | | | | | | | | |  | | | | |
| Electric Storage Heaters | | | | | | | | | | | |  | | | | |
| Individual fixed gas heaters/fires | | | | | | | | | | | |  | | | | |
| Individual fixed electric heaters/fires | | | | | | | | | | | |  | | | | |
| Other (please describe below) | | | | | | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **5.21** | Fire Precautions  (if not up-to-date, meeting the current requirements will be a condition of the licence) | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Has a fire risk assessment been carried out on the property within the last year? | | | | | | | | | | | | | **Yes** | | | |  | | | | **No** | | | |  | |
|  | Is the property provided with a hard-wired interconnected alarm and detection system? | | | | | | | | | | | | | **Yes** | | | |  | | | | No | | | |  | |
|  | Is the system fitted with a fire alarm panel? | | | | | | | | | | | | | **Yes** | | | |  | | | | **No** | | | |  | |
|  | Is there emergency lighting in the common parts? | | | | | | | | | | | | | **Yes** | | | |  | | | | **No** | | | |  | |
|  | Is the escape route protected by fire doors? | | | | | | | | | | | | | **Yes** | | | |  | | | | **No** | | | |  | |
|  | Is there a log book of inspection and testing? | | | | | | | | | | | | | **Yes** | | | |  | | | | **No** | | | |  | |
|  | Is your alarm & detection system maintained by a contractor? | | | | | | | | | | | | | **Yes** | | | |  | | | | **No** | | | |  | |
|  | If Yes, who? And provide a copy of the agreement: | | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **5.22** | **Property Management** Is the property :- | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Structurally sound, free from dampness and in good repair? | | | | | | | | | | | | | **Yes** | | |  | | | | | **No** | | |  | | |
|  | Maintained in good external decorative repair? | | | | | | | | | | | | | **Yes** | | |  | | | | | **No** | | |  | | |
|  | Maintained in a clean condition and in good internal decorative repair? | | | | | | | | | | | | | **Yes** | | |  | | | | | **No** | | |  | | |
|  | Kept free from accumulations of refuse/litter and have arrangements to ensure that gardens and paved areas are kept in good order and a tidy condition? | | | | | | | | | | | | | **Yes** | | |  | | | | | **No** | | |  | | |
|  | Secure, with adequate door and window locks? | | | | | | | | | | | | | **Yes** | | |  | | | | | **No** | | |  | | |
|  |  | | | | | | | | | | | | |  | | |  | | | | |  | | |  | | |
| **5.23** | **Furniture and furnishings** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Do you provide any furniture and/or furnishings as part of the letting? | | | | | | | | | | | | | **Yes** | | |  | | | | | **No** | | |  | | |
|  | If Yes, you must sign the declaration below to confirm that it complies with the Furniture and Furnishing (Fire) (Safety) Regulations 1998 and that there are arrangements for the routine inspection of all items provided by the landlord to ensure that they are maintained in good/safe condition. | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **I declare that all furniture and furnishings supplied for use at the property comply with the above regulations and are routinely inspected.** | | | | | | | | | Signature | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| **5.24** | **Gas.** Does the property have a mains gas supply? If Yes, you must provide a valid Gas Safety Certificate | | | | | | | | | | | | | Yes | | |  | | | | | **No** | | |  | | |
|  |  | | | | | | | | | | | | |  | | |  | | | | |  | | |  | | |
| **5.25** | **Loft insulation.** Does the property have loft insulation? If Yes, please state depth in mm. | | | | | | | | | | | | | **Yes** | | | Depth | | | | | No | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **5.26** | **Asbestos.** Are you aware of any Asbestos containing materials in the property? | | | | | | | | | | | | | Yes | | |  | | | | | No | | |  | | |
|  | If Yes, please state location and material and confirm it is in a sound condition. | | | | | | | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **5.27** | **Sketch Plans.** See the Notes at the front for details of the plans required. | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| --- | --- | --- | --- |
| **PART 6 – DECLARATIONS BY THE APPLICANT(S)** | | | |
| **Data Protection Statement.** Hertsmere Borough Council needs the personal data in this Application to enable us to issue an HMO licence. We may also use it for the prevention and detection of fraud. We may share it with other relevant organisations. Data held by the Council in respect of the Licensing of HMOs is stored in a Register as required by Section 232 of the Housing Act 2004. The information in this Register may be available on the Council’s website and upon request to members of the public.  Except for the information we are required to make public, we will keep your personal data safe and secure and will not disclose it except as stated above, to anyone else without your consent, unless we are required by law to do so. | | | |
| **Offences by Applicants.** It is a criminal offence to knowingly or recklessly supply or withhold information that is false or misleading for the purposes of obtaining a licence. Evidence of any information given in this application may be required at a later date. If it is subsequently discovered that relevant information should have been disclosed or was incorrectly supplied, then the licence for this property may be revoked and other action may also be taken. Operating a Licensable HMO without a licence is an offence liable to a fine not exceeding £20,000 and a Residential Property Tribunal may make a Rent Repayment Order requiring you to repay any rents paid during the period for which the property was unlicensed. | | | |
| **Declaration. I/we hereby make application for a licence. I/we declare that the information contained in this application is complete and 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/we declare that I/we have read the whole application and the statements above and all information is valid as of this date.** | | | |
|  |  | | |
| **Full Names**  *(Please print)* |  | | |
| **Signature** |  | **Date** |  |
|  |  | | |
| **Full Names**  *(Please print)* |  | | |
| **Signature** |  | **Date** |  |
|  |  | | |
| **Full Names**  *(Please print)* |  | | |
| **Signature** |  | **Date** |  |

In the case of partnerships or trusts, all partners or trustees must sign. If a limited company, a Director or Company Secretary or other authorised officer, (in which case you will need to provide satisfactory proof of authority), must sign the form.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PART 7 – ENCLOSURES.** | | | | | |
| **Item No.** | **Description** | | **Paragraph**  **Reference** | **Tick (√) if Enclosed** | **Tick (√) if**  **Not Applicable** |
| **1** | Evidence of 1) the permanent residential address; 2) National Insurance Number;  3) date of birth of the proposed **Licence Holder**;  4) Two passport style photographs | | **2.3** |  |  |
|  |
|  |
|  |
| **2** | Evidence of 1) the permanent residential address; 2) National Insurance Number; 3) date of birth of the proposed **Manager**;  4) Two passport style photographs | | **3.3** |  |  |
|  |  |
|  |  |
|  |  |
| **3** | Planning consents, Building Regulation Approvals or Completion Certificates for work to the property *(if applicable)* | | **5.5** |  |  |
| **4** | Fire Alarm test certificate  *(if applicable)* | | **5.21** |  |  |
| **5** | Emergency lighting system test certificate  *(if applicable)* | | **5.21** |  |  |
| **6** | Service contract for alarm and fire systems  *(if applicable)* | | **5.21** |  |  |
| **7** | Gas Safety Certificate *(if applicable)* | | **5.24** |  |  |
| **8** | Electrical Installation test certificate | | **5.24** |  |  |
| **9** | Portable Electrical Appliance test certificate  *(if applicable)* | | **5.24** |  |  |
| **10** | Sketch Plans | | **5.25** |  |  |
| **11** | Evidence of Authority to sign the Application Form (only required if Limited Company ***and*** not a Director or Company Secretary) | | **6.0** |  |  |
| **12** | The Licence Fee of | £ | **See Notes**  **at front** |  |  |
| **13** | If you are claiming the discount for being an approved Landlord or membership of a recognised Landlord’s Association, give details and your membership number here. | | **See Notes**  **at front** |  | |

Send your completed Application to:

#### Private Sector Housing Team

**Housing & Health Services**

**Hertsmere Borough Council**

**Civic Offices, Elstree Way**

**Borehamwood**

**WD6 1WA**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Notice of a Property to be Licensed under the Housing Act 2004** | | | | |
| **To:** | (Name) | |  | |
| (Address) | | **…………………………………………………………………………………………**  **…………………………………………………………………………………………**  **…………………………………………………………………………………………** | |
| **I am required to make you aware that an Application is being made for a Licence under the Housing Act 2004, Part 2, to use the following property as a House in Multiple Occupation.** | | | | |
| **Property for which an Application is to be made** | | | **…………………………………………………………………………………………**  **…………………………………………………………………………………………**  **…………………………………………………………………………………………** | |
| **The Application has been / will be made on** | | | (date)  **..…………………………………………….………………………..** | |
| **Local Authority to whom the Application is being made** | | | **Private Sector Housing Team**  **Housing & Health Services**  **Hertsmere Borough Council**  **Civic Offices, Elstree Way**  **Borehamwood** WD6 1WA | |
| **The Applicant is** | | (Name) | |  |
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| **The Proposed Licence Holder (if different) is** | | | (Name) |  |
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| **You may use copies of this form to advise relevant people of your Application** | | | | |
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| **KEY** | |  | |  | | | | | | | | | | | | | |  | |  |  | |  | |  | |  | |  |  | |  | |  | |  | |  | | | | | | | | | | | | | | | |  |
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| **CP** | |  | | Control Panel | | | | | | | | | | | | | |  | |  |  | |  | |  | |  | |  |  | |  | | **EL** | |  | | Emergency Lighting | | | | | | | | | | | | | | | |  |
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| **SD** | |  | | Smoke Detector | | | | | | | | | | | | | |  | |  |  | |  | |  | |  | |  |  | |  | | **FD** | |  | | Fire Door | | | | | | | | | | | | | | | |  |
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| FLOOR PLAN | | | | | | | |  | |  | | |  | |  | |  | |  | | |  | | BACK | | | | | | |  | |  | |  | |  | |  |  |  |  | |  | |  | | |  | |  | |  | |
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| **CP** | |  | | Control Panel | | | | | | | | | | | | | |  | |  |  | |  | |  | |  | |  |  | |  | | **EL** | |  | | Emergency Lighting | | | | | | | | | | | | | | | |  |
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| **SD** | |  | | Smoke Detector | | | | | | | | | | | | | |  | |  |  | |  | |  | |  | |  |  | |  | | **FD** | |  | | Fire Door | | | | | | | | | | | | | | | |  |
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| **HD** | |  | | Heat Detector | | | | | | | | | | | | | |  | |  |  | |  | |  | |  | |  |  | |  | | **AS** | |  | | Alarm Sounder | | | | | | | | | | | | | | | |  |
| FLOOR PLAN | | | | | | | |  | |  | | |  | |  | |  | |  | | |  | | BACK | | | | | | |  | |  | |  | |  | |  |  |  |  | |  | |  | | |  | |  | |  | |
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| **CP** |  | Control Panel | | | | | | |  |  |  |  |  |  |  |  |  | **EL** |  | Emergency Lighting | | | | | | |  |
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| **SD** |  | Smoke Detector | | | | | | |  |  |  |  |  |  |  |  |  | **FD** |  | Fire Door | | | | | | |  |
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| **HD** |  | Heat Detector | | | | | | |  |  |  |  |  |  |  |  |  | **AS** |  | Alarm Sounder | | | | | | |  |

**ADDITIONAL INFORMATION** (Note the paragraph number to which this relates)

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