# HOUSING (SCOTLAND) ACT 2006

|   | GRANT |  |
|---|-------|--|
|   |       |  |
| 1 | or    |  |

| Application for a                     | a Licence for a House in Mun  | RENEWAL       |  |
|---------------------------------------|-------------------------------|---------------|--|
| Answer either question 1, 2 or questi | on 3 and every other question | NENEWAL —     |  |
| 1. To be completed if applicant is    | an individual.                |               |  |
|                                       | Surname                       | First Name(s) |  |
| , , <b>–</b> , ,                      |                               |               |  |

|          |                 |                   |            | Surname             |       | F              | First Nam  | e(s)     |
|----------|-----------------|-------------------|------------|---------------------|-------|----------------|------------|----------|
|          | Full Name (b    |                   |            |                     |       |                |            |          |
| (b)      | Home Addre      | SS                |            |                     |       |                |            |          |
|          |                 |                   |            |                     |       |                |            |          |
|          |                 |                   |            |                     |       |                |            |          |
|          | Postcode        |                   |            |                     |       |                |            |          |
|          | Tel No.         |                   |            |                     |       |                |            |          |
|          | Business Ho     |                   |            |                     |       |                |            |          |
| (c)      | Age, Date &     | Place of Birth    | Age        | Date of Birth       |       | Pla            | ce of Birt | <u>h</u> |
|          |                 |                   |            |                     |       |                |            |          |
|          | Is applicant to | o carry out day-t | o-day sup  | ervision of the pre | mises | s to be licens | ed?        | YES/NO   |
| (e)      | If not, give fu | Il name, address  | and date   | of birth of any em  | ploye |                |            |          |
|          |                 |                   |            | Surname             |       | F              | irst Nam   | e(s)     |
|          | Full Name (b    |                   |            |                     |       |                |            |          |
|          | Home Addre      | SS                |            |                     |       |                |            |          |
|          |                 |                   |            |                     |       |                |            |          |
|          | Postcode        |                   |            |                     |       |                |            |          |
|          | Tel No          |                   |            |                     |       |                |            |          |
| <u> </u> | Date of Birth   |                   |            |                     |       |                | ***        | . 4      |
|          |                 |                   |            | ry organisation,    | mana  | igement cor    | nmittee    | etc.     |
| (a)      | Full Name ar    | nd address of Or  | ganisation | , Committee etc.    |       |                |            |          |
|          |                 |                   |            |                     |       |                |            |          |
|          |                 |                   |            |                     |       |                |            |          |
|          |                 |                   |            |                     |       |                |            |          |
|          |                 |                   |            |                     |       |                |            |          |
|          |                 | Full Name         |            | Private Addres      |       |                | Tel No     |          |
| (h)      | Chairman        | 1 uli Name        |            | T IIVate Address    | .s    |                | TELLINO    |          |
| (D)      | Chaimian        |                   |            |                     |       |                |            |          |
|          |                 |                   |            |                     |       |                |            |          |
|          |                 |                   |            |                     |       |                |            |          |
| (c)      | Secretary       |                   |            |                     |       |                |            |          |
| (0)      | Coordiary       |                   |            |                     |       |                |            |          |
|          |                 |                   |            |                     |       |                |            |          |
|          |                 |                   |            |                     |       |                |            |          |
| (d)      | Treasurer       |                   |            |                     |       |                |            |          |
| (-)      |                 |                   |            |                     |       |                |            |          |
|          |                 |                   |            |                     |       |                |            |          |
|          |                 |                   |            |                     |       |                |            |          |
| (e)      | Contact         |                   |            |                     |       |                |            |          |
| ` '      | Person          |                   |            |                     |       |                |            |          |
|          |                 |                   |            |                     |       |                |            |          |

| (f)   | Full name, address, d<br>management of the pi  |             | I place of birth of employee                           | or age   | ent responsible for | day-to-day      |
|-------|--|-------------|--|----------|---------------------|-----------------|
|       | management of the pi   | emises      | Surname  |          | Firet N             | lame(s)         |
|       | Full Name (block lette   | re)         | Sumame   |          | FIISUN              | iairie(s)       |
|       | Home Address   | 13)         |  |          |                     |                 |
|       | Tiomo Address  |             |  |          |                     |                 |
|       |  |             |  |          |                     |                 |
|       | Postcode   |             |  |          |                     |                 |
|       | Tel No   |             |  |          |                     |                 |
|       | Date and Place of Birt   | th          |  |          |                     |                 |
| 3 To  | he completed if appli  | rant is     | a Company or Partnership                               | n        |                     |                 |
|       |  |             | rtnership, Address of Princip                          |          | Registered Office   | and Company     |
| (ω)   | Number.  | ., 0 0      |  | pa. o.   | rtogiotorou omoo    | and Company     |
|       |  |             |  |          |                     |                 |
|       |  |             |  |          |                     |                 |
|       |  |             |  |          |                     |                 |
|       |  |             |  |          |                     |                 |
|       |  |             |  |          |                     |                 |
| (b)   |  |             | ates of birth of Directors, Pa                         | artners  | or other persons    | responsible for |
|       | management of the bu   |             |  |          |                     |                 |
| Ful   | I Name/Designation   | Privat      | e Address  | Tel N    | No                  | Date of Birth   |
|       |  |             |  |          |                     |                 |
|       |  |             |  |          |                     |                 |
|       |  |             |  |          |                     |                 |
|       |  |             |  |          |                     |                 |
|       |  |             |  |          |                     |                 |
|       |  |             |  |          |                     |                 |
|       |  |             |  |          |                     |                 |
| (c)   | Full name, address, d  | ate and     | I place of birth of employee                           | or age   | ent responsible for | day-to-day      |
| ( )   | supervision of the pre   |             |  | J        | '                   | ,               |
|       |  |             | Surname  |          | First N             | lame(s)         |
|       | Full Name (block lette   | rs)         |  |          |                     |                 |
|       | Home Address   |             |  |          |                     |                 |
|       |  |             |  |          |                     |                 |
|       | _  |             |  |          |                     |                 |
|       | Postcode   |             |  |          |                     |                 |
|       | Tel No   | <b>.</b> La |  |          |                     |                 |
| 4 No  | Date and Place of Birt   |             | lemises for which a licenc                             | o ic re  |                     |                 |
| 4. Na | ille (il ally) allu auules   | ss or p     | remises for which a licence                            | e 15 16  | equirea.            |                 |
|       |  |             |  |          |                     |                 |
|       |  |             |  |          |                     |                 |
|       |  |             |  |          |                     |                 |
|       |  |             |  |          |                     |                 |
| 5. Nu | mber of Occupants  |             |  |          |                     |                 |
| (a)   | Total number of reside   | ents wh     | o can be accommodated at                               | any o    | one time.           |                 |
| (b)   |  | r/s fam     | ily or family of person/s man                          | aging    | premises, normal    | lly             |
|       | resident at one time.  |             |  |          |                     |                 |
| _     | mber of Rooms  | - 1- 1      | and the beautiful to the territory                     |          |                     |                 |
|       |  |             | oms in house (include kitche                           | en).     |                     |                 |
| · /   | <ul><li>(b) Total number of beds.</li><li>(c) Total number of public rooms available for use by residents ie lounge, diningroom etc.</li></ul> |             |  |          |                     |                 |
|       |  |             |  | 1115 10  | iourige, ainingroor | ii etc.         |
|       |  |             | for private accommodation. solely for private accommod | lation . |                     |                 |
| . (⊖) | - LUIALHUHUELULIUOM  | จนอเสเ      | SOUGH TO DITYALE ACCOUNTION                            | ווטוו)   | _                   |                 |

| 7. Residents   | Please delete a                          |                    |                    |                   |            |
|--|--|--------------------|--------------------|-------------------|------------|
| (a) Do you intend to cater for short term residents only eg tourists, commercial travellers, |  |                    |                    |                   |            |
| etc whose stay will be no more than three weeks duration at any one time?                    |  |                    |                    |                   | YES/NO     |
|  | to cater for long term r                 |                    | students who v     | vill occupy the   |            |
| premises as their main home whilst resident in Angus?  |  |                    |                    |                   | YES/NO     |
|  |  |                    |                    |                   |            |
|  | nents Please delete a                    |                    |                    |                   | \          |
|  | ed and Breakfast accor                   |                    |                    |                   | YES/NO     |
|  | ull-Board accommodation                  |                    |                    |                   | YES/NO     |
| ` ' '  | elf-Catering accommod                    |                    | `                  |                   | YES/NO     |
| , , ,  | elf-Contained? (ie inclu                 |                    | es)                |                   | YES/NO     |
|  | ed only accommodation                    |                    | v book avente      | d a llausa in     | YES/NO     |
|  | named held or have ce? If YES by which a |                    |                    | d a nouse if      | wuitipie   |
| YES/NO   |  | Authority and whe  | 111 f              | Date              |            |
| TES/NO   |  | Authority          |                    | Date              |            |
|  |  |                    |                    |                   |            |
|  |  |                    |                    |                   |            |
| 10 Has any nerson n  | amed applied and be                      | en refused a Hou   | ıse in Multinle    | Occupation L      | icence? If |
| YES by which aut   |  | cii iciasca a iiot | ase in manipie     | Occupation E      |            |
| YES/NO   |  | Authority          |                    | Date              |            |
| 120/110  |  | rtatilonty         |                    | Date              |            |
|  |  |                    |                    |                   |            |
|  |  |                    |                    |                   |            |
| 11.Please submit the   | undernoted docume                        | nts.               |                    |                   |            |
| 4 copies of detailed pla   | an premises                              | Relevant insur     | ance cover         |                   |            |
| (see specification for p   | •  | (photocopy of      | policy and curre   | nt cover note)    |            |
|  | ,  | "                  | •                  | •                 |            |
| Fire Safety Certificate  | - where premises have                    | ve Appropriate El  | ectrical Certifica | ites (to be dated | d not more |
| been previously insp   | ected (to be dated n                     | ot than 2 months   | prior to date of   | application)      |            |
| more than 2 mon  | ths prior to date                        | of                 |                    |                   |            |
| application)   |  |                    |                    |                   |            |
|  | Lease and/or Tenand                      |                    | relevant Safety    |                   |            |
| Agreement  |  | • •                | ns (to be dated    | not more than     | 2 months   |
|  |  | prior to date of   |                    |                   |            |
|  | lars of any convictions                  |                    |                    |                   |            |
|  | <b>, 2(f), 3(b)</b> and <b>3(c)</b> . P  |                    |                    |                   |            |
|  | the Civic Licensing Co                   |                    |                    |                   |            |
|  | Rehabilitation of Offe                   |                    |                    |                   |            |
|  | es, be referred to by th                 | •                  |                    |                   |            |
| Name of Person   | Date                                     | Court              | Offence            | Senten            | ce/Fine    |
|  |  |                    |                    |                   |            |
|  |  |                    |                    |                   |            |
|  |  |                    |                    |                   |            |
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|  | i  |                    | İ                  |                   |            |

### **DECLARATIONS:-**

Delete part (a) or (b) as appropriate. Where declaration (a) is made there must be produced as soon as possible after the expiry of the 21 day period a Certificate of Compliance with paragraph 2(2) of the said Schedule.

1. (a) I/We declare that in accordance with paragraph 2(2) of Schedule 4 to the Housing (Scotland) Act 2006, I/we shall, for a period of 21 days commencing with the date on which this application was submitted to the Council, cause to be displayed on or near to the living accommodation concerned notice of HMO application which is designed and displayed so that it can be conveniently read by the public in accordance with the requirements of paragraph 2(3) of the said Schedule.

OR

(b) I/We declare that I/we are unable to display a notice of this application at or near the premises because I/we have no rights of access or other rights enabling me/us to do so, but that I/we have taken the following steps to acquire the necessary rights, namely:- (here specify the steps taken).

but have been unable to display the notice

The information you have provided on this Application form, and from supporting documentary evidence – where applicable, will be processed by Angus Council (the "data controller") for the purposes of the General Data Protection Regulation and the Data Protection Act 2018 (UK GDPR)in order to process your Licensing Application.

For the purpose of dealing with your application, we will share your information in accordance with the Civic Government (Scotland) Act 1982, other licensing legislation and with relevant internal services of Angus Council

The Council may also check information provided by you, or information about you provided by a third party such as NHS Tayside, Scottish Fire and Rescue Service, Scottish Ambulance Service and Police Scotland with other information held by us. We may also get information from those third parties or share your information with them in order to check its accuracy, prevent or detect crime, protect public funds or where required by law.

Please note that you should read this service specific Privacy Notice in conjunction with the council's Full Privacy Statement which is accessible on the council's website at:

https://www.angus.gov.uk/council\_and\_democracy/council\_information/information\_governance/angus\_council\_full\_privacy.

#### **Data Protection Act 2018**

The information on this form may be held on an Electronic Register which may be available to members of the public on request.

PLEASE NOTE - IT IS AN OFFENCE TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION

I understand that Angus Council are permitted to accept applications for the grant or renewal of this licence; objections or representations; and notifications of any change to the licence, by means of electronic communication. Applications, objections, representations or notifications can be sent to the Council by email to LAWLicensing@angus.gov.uk.

I permit Angus Council to give notice and provide reasons in relation to granting, refusing, renewing, changing, altering, varying, suspending, and revoking the licence by means of email. I authorise the email address provided by me on this application to be used for this purpose.

| Date | Signature of Applicant (or agent if applicable)            |  |
|------|--|--|
|      | Position of Applicant in company (if not otherwise stated) |  |
|      | Address of Agent (if applicable)                           |  |
|      |  |  |

## **NOTES**

- 1. To be lodged with the Service Leader Legal & Democratic, Angus Council, Forfar together with the appropriate lodging fee. The application will not be processed without payment of the appropriate fee.
- 2. Any person who knowingly and wilfully makes a statement false in a material particular, in a declaration shall be guilty of an offence and liable on conviction to imprisonment for a term not exceeding two years or to a fine or to both such fine and imprisonment.

| FOR OFFICE USE ONLY |  |
|---------------------|--|
| APPLICANT           |  |
| ADDRESS OF PREMISES |  |

| Date, Amount and Receipt Number    | Date Passed to Consultees | Date Observations Received |             | Details<br>Submitted            | Yes/<br>No |
|------------------------------------|---------------------------|----------------------------|-------------|---------------------------------|------------|
|                                    |                           | Police                     | Fire        | Plans<br>Insurance              |            |
|                                    |                           | Planning                   | BC          | Fire Safety Electrical          |            |
|                                    |                           | Housing                    | Finance     | Lease/Tenancy<br>Heating Cert.  |            |
| Certificate of Compliance Received | Date of<br>Decision       | Decision                   | Expiry Date | Licence Number<br>Date of Issue | r and      |
|                                    |                           |                            |             |                                 |            |