



**APPLICATION FOR TEMPORARY EXEMPTION FROM THE REQUIREMENT  
TO OBTAIN A SHORT-TERM LETS LICENCE**

Please read the Policy Statement carefully before applying for a Licence.

<i>For Official Use</i>	
STL Licence Number:	
Type of STL:	
Date Received:	
Date Paid:	
Receipt No:	

**Where there is insufficient space to add the requested details please attach a separate sheet**

<b>1. To be completed if an INDIVIDUAL:</b>	
<b>A. Main Applicant</b>	
Full Name	
Home Address (last 5 years)	Postcode
Telephone Number	
Mobile Number	
Email Address	
Date of Birth	
Place of Birth	
Do you own the property?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If not, please provide name(s) and address(es) of the owner(s) and produce a declaration that consent of the owner has been secured	
<b>B. Joint Owner</b>	Is there a Joint Owner Yes <input type="checkbox"/> No <input type="checkbox"/>
Full Name of Joint Owner	
Home Address	Postcode

Telephone Number	
Email Address	
Date of Birth	
Place of Birth	
Are further persons to be added	Yes <input type="checkbox"/> No <input type="checkbox"/> If <b>YES</b> attach a separate sheet
<b>2. To be completed if NOT A NATURAL PERSON</b>	
Full Name	
Address of Registered or Principal Office	
Names, private addresses, dates and places of birth of directors, partners or other persons responsible for its management (continue on a separate sheet if necessary)	
<b>Day to Day Management: This person's name will appear on the Short-term let Licence as the nominated person for the company. Should this person leave the company a variation form will require to be submitted along with the appropriate fee.</b>	
Is applicant to carry out day to day management	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes – Go to question 3 No – Complete section below
<b>Individual's Details (Day to Day Management)</b>	
Full Name	
Address (last 5 years)	
	Postcode
Business Hours Telephone Number	
Mobile Number	
Email Address	
Date of Birth	
Place of Birth	
<b>3. Property Details:</b>	
Name of Premises (for which a licence is required)	

Address	
	Postcode
Please state which council ward the property is within (see guidance notes) <a href="#">Find your council ward   Angus Council</a>	Kirriemuir and Dean <input type="checkbox"/> Carnoustie and District <input type="checkbox"/> Forfar and District <input type="checkbox"/> Brechin and Edzell <input type="checkbox"/> Arbroath East and Lunan <input type="checkbox"/> Montrose and District <input type="checkbox"/> Monifieth and Sidlaw <input type="checkbox"/> Arbroath West, Letham and Friockheim <input type="checkbox"/>
Flat number, and/or location, if applicable	
Is the Premises located within a National Park	Yes <input type="checkbox"/> No <input type="checkbox"/>
Specify the number of storeys in your premises	
Is anyone in Section 1 to reside in the property whilst it is let	Yes <input type="checkbox"/> No <input type="checkbox"/>
Maximum occupant capacity of your premises	
Total number of bedrooms	
Number of single occupancy bedrooms	
Number of double occupancy bedrooms	
Give details of the use of each room other than bedrooms (continue on a separate sheet if necessary)	
Is the property on a private water supply?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>4. Details of Short-term let</b>	
	<input type="checkbox"/> Secondary Letting <input type="checkbox"/> Home sharing <input type="checkbox"/> Home letting <input type="checkbox"/> Home sharing and Home letting



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](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.

I declare that the particulars given by me on this form are true. I consent to the sharing of my personal information for the purposes set out above.

Signature of Applicant (or agent)

Date

Name (BLOCK CAPITALS)

<b><u>The following documents should be submitted with this application and the originals should be available at the time of any inspection: -</u></b>	<b>VIEWED</b>		<b>Expiry Date</b>
	<b>Y</b>	<b>N</b>	
• <b>Layout Plan</b>			
• <b>Scottish Fire and Rescue checklist</b>			
• <b>I have installed smoke detection</b>			
• <b>I have installed equipment for detecting, and for giving warning of, carbon monoxide in a concentration that is hazardous to health</b>			