## **HOUSING (SCOTLAND) ACT 2006**

GRANT	
or	

# Application for a Licence for a House in Multiple Occupation for International or Seasonal Workers Accommodation

Or	
DENIENALA	
RENEWAL	

Answer either question 1, 2 or question 3 and every other question 1. To be completed if applicant is an individual. Surname First Name(s) (a) Full Name (block letters) (b) Home Address Postcode Tel No. **Business Hours** (c) Age, Date & Place of Birth Date of Birth Place of Birth Aae (d) Is applicant to carry out day-to-day supervision of the premises to be licensed? YES/NO (e) If not, give full name, address and date of birth of any employee so engaged. Surname First Name(s) Full Name (block letters) Home Address Postcode Tel No Date of Birth 2. To be completed if applicant is a voluntary organisation, management committee etc. (a) Full Name and address of Organisation, Committee etc. Full Name Private Address Tel No (b) Chairman (c) Secretary (d) Treasurer (e) Contact Person

(f)	Full name, address, d management of the pi		place of birth of employee	or agen	nt responsible for	day-to-day
	management of the pi	CITIISCS	Surname		First N	ame(s)
	Full Name (block lette	rs)	Carriamo		1 110114	amo(o)
	Home Address					
	Destant					
	Postcode Tel No					
	Date and Place of Bir	th				
	Bate and Flage of Bir		L			
3. To	be completed if appli	cant is	a Company or Partnership	ρ.		
(a		y or Pa	rtnership, Address of Princip	pal or R	Registered Office	and Company
	Number.					
(b	<ul> <li>Full names, addresse management of the bit</li> </ul>		ates of birth of Directors, Pa	ertners o	or other persons	responsible for
Fu	ıll Name/Designation		e Address	Tel No	0	Date of Birth
	. J					
(c)	) Full name, address, d	ate and	place of birth of employee	or agen	nt responsible for	day-to-day
	supervision of the pre	mises/s				
			Surname		First N	ame(s)
	Full Name (block lette Home Address	ers)				
	Home Address					
	Postcode					
	Tel No					
	Date and Place of Bir					
4. Na	ame (it any) and addres	ss or p	remises for which a licenc	e is red	quirea.	
						<u> </u>
	umber of Occupants					
			o can be accommodated at			U
(a)	resident at one time.	ı/s ıam	ily or family of person/s man	ayırıg p	nemises, normal	ıy
-	umber of Rooms					
			oms in house (include kitche	n).		
	(b) Total number of beds.  (c) Total number of public rooms available for use by residents ie lounge, diningroom etc.					
				nts ie io	unge, ainingroor	n etc.
(a (e			for private accommodation. solely for private accommod	ation		
11.2	, , , , , , , , , , , , , , , , , , , ,	~ ~~~	CONCINION DITRATE ACCUMINING	4441411		

7. Residents	Please delete a	as appropriate				
(a) Do you intend to cater for short term residents only eg tourists, commercial travellers,						
	y will be no more than three weeks duration at any one time?				YES/NO	
	to cater for long term residents including students who will occupy the					
premises as the	premises as their main home whilst resident in Angus?				YES/NO	
8. Catering Arrangements Please delete as appropriate						
	d and Breakfast acco				YES/NO	
, ,	II-Board accommodat				YES/NO	
	lf-Catering accommod				YES/NO	
	lf-Contained? (ie inclu		es)		YES/NO	
(e) Do you offer Be	d only accommodatio	<u>n?</u>			YES/NO	
9. Has any person	named held or have	ya thay nraviousl	v heen gran	ted a House in	Multiple	
	e? If YES by which			iteu a riouse ii	i munipie	
YES/NO	<u> </u>	Authority		Date		
		•				
40 Has any navaon n	amed applied and b	an vafuand a Ha	uga in Multin	la Ossumatian I	inamana If	
10.Has any person na YES by which auth		een reiused a noi	use in Mullip	ie Occupation L	icence? ii	
YES/NO	ority and whom:	Authority		Date		
		,				
44 Diagon and well the	d 4 . d . d	4				
11.Please submit the 4 copies of detailed pla		Relevant insur	ance cover			
(see specification for pl	•			rent cover note)		
(occ opcomodion for pr	ano,	(priotocopy or	policy and our	ront cover note;		
Fire Safety Certificate				cates (to be date	d not more	
been previously inspe			prior to date	of application)		
more than 2 month	ns prior to date	of				
application) Copies of standard I	ease and/or Tenan	cy Conies of all	relevant Safe	ty Certificates in	respect of	
Agreement	todo ana/or ronan	, .				
<u> </u>			heating systems (to be dated not more than 2 months prior to date of application)			
12.State below particul						
	<b>2(f)</b> , <b>3(b)</b> and <b>3(c)</b> . F					
	he Civic Licensing Co Rehabilitation of Offe					
	es, be referred to by the					
Name of Person	Date	Court	Offence		ce/Fine	

### **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

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

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.

I declare that the particulars given by me on this form are correct to the best of my knowledge and belief. I authorise the use of all information which I have provided for the above purposes. I hereby make application to Angus Council for the grant or renewal of the licence applied for.

Date	Signature of Applicant (or agent if applicable)	
	Position of Applicant in company (if not other-wise	
	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 Submitted	Yes/ No
		Police  Planning  Housing	BC	Plans Insurance Fire Safety Electrical Lease/Tenancy Heating Cert.	
Certificate of Compliance Received	Date of Decision	Decision	Expiry Date	Licence Number Date of Issue	r and