HOUSING (SCOTLAND) ACT 2006

	GRANT	
1	or	

Application for a Licence for a House in Multiple Occupation

e in Multiple Occupation	or	
	RENEWAL	
estion		

Answer either question 1, 2 or question 3 and every other qu 1. To be completed if applicant is an individual. First Name(s) Surname (a) Full Name (block letters) (b) Home Address Postcode Tel No. **Business Hours** (c) Age, Date & Place of Birth Age Date of Birth Place of Birth (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)				or age	ent responsible for d	lay-to-	day
	management of the pr	CIIIISCS			First Nar	me(s)	
	Full Name (block lette	rs)				(-)	
	Home Address						
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(a)		y or Pa	irtnership, Address of Princip	oal or	Registered Office a	nd Co	mpany
	Number.						
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(b)				rtners	s or other persons re	espons	sible for
Full				Tel I	Vo Γ	Date o	f Birth
	rtame, 2 ceignaden	· · · · · ·	o , taa. 000			<u> </u>	
(c)				or age	ent responsible for d	lay-to-	day
	supervision of the prei	mises/s			Cinat Na	· (-)	
	Full Name (block lette	rc)	Surname		First Nar	me(s)	
		15)					
	110111071441000						
	Postcode						
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Naı			l remises for which a licence	e is r	equired.		
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Nur	mber of Occupants						
(a)	-	ents wh	no can be accommodated at	any c	one time.		
(b)		r/s fami	ily or family of person/s man	aging	premises, normally	'	
_		abla rad	omo in house (include kitebe	n)			
			ons in nouse (include kitche	11).			
			s available for use by resider	nts ie	lounge, diningroom	etc.	
				lation			
(a)						lers,	YES/NO
	(b) Nui (a) (b) (c) (d) (e) Res	Full Name (block letter Home Address Postcode Tel No Date and Place of Bird To be completed if applie (a) Full Name of Compan Number. (b) Full names, addresses management of the bust Full Name/Designation (c) Full name, address, dasupervision of the present Full Name (block letter Home Address) Postcode Tel No Date and Place of Bird Name (if any) and address Name (if any) and address (a) Total number of owner resident at one time. Number of Rooms (a) Total number of public (b) Total number of public (c) Total number of room: (e) Total number of room: Residents (a) Do you intend to cate	Full Name (block letters) Home Address Postcode Tel No Date and Place of Birth To be completed if applicant is (a) Full Name of Company or Pananagement of the business Full Name/Designation Private (b) Full name, address, date and supervision of the premises/s Full Name (block letters) Home Address Postcode Tel No Date and Place of Birth Name (if any) and address of private of the premises of the pre	management of the premises/site. Full Name (block letters) Home Address Postcode Tel No Date and Place of Birth To be completed if applicant is a Company or Partnership, Address of Princip, Number. (a) Full names, addresses and dates of birth of Directors, Pamanagement of the business. Full Name/Designation Private Address Full Name/Designation Private Address Surname Full Name (block letters) Home Address Postcode Tel No Date and Place of Birth Name (if any) and address of premises for which a licence Number of Occupants (a) Total number of owner/s family or family of person/s man resident at one time. Number of Rooms (a) Total number of habitable rooms in house (include kitche by Total number of public rooms available for use by resider (d) Total number of prooms used solely for private accommodation. (e) Total number of rooms used solely for private accommodation. (e) Total number of rooms used solely for private accommodation. (e) Total number of rooms used solely for private accommodation. (e) Total number of rooms used solely for private accommodation. (e) Total number of rooms used solely for private accommodation. (e) Total number of rooms used solely for private accommodation. (e) Total number of rooms used solely for private accommodation. 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Full Name/Designation Private Address Tel II Name/Designation Private Address Surname Full Name (block letters) Home Address Postcode Tel No Date and Place of Birth Name (if any) and address of premises for which a licence is resident at one time. Number of Rooms (a) Total number of nabitable rooms in house (include kitchen). (b) Total number of public rooms used solely for private accommodation. (e) Total number of rooms used solely for private accommodation. Residents Please delete as appropriate (a) Do you intend to cater for short term residents only eg tourists.	management of the premises/site. Full Name (block letters) Home Address Postcode Tel No Date and Place of Birth To be completed if applicant is a Company or Partnership. (a) Full Name of Company or Partnership, Address of Principal or Registered Office a Number. (b) Full names, addresses and dates of birth of Directors, Partners or other persons remanagement of the business. Full Name/Designation Private Address Tel No (c) Full name, address, date and place of birth of employee or agent responsible for or supervision of the premises/site. Full Name (block letters) Home Address Postcode Tel No Date and Place of Birth Name (if any) and address of premises for which a licence is required. Number of Occupants (a) Total number of owner/s family or family of person/s managing premises, normally resident at one time. Number of Rooms (a) Total number of habitable rooms in house (include kitchen). (b) Total number of public rooms available for use by residents ie lounge, diningroom (d) Total number of rooms used for private accommodation. Residents Please delete as appropriate	management of the premises/site. Full Name (block letters) Home Address Postcode Tel No Date and Place of Birth To be completed if applicant is a Company or Partnership. (a) Full Name of Company or Partnership, Address of Principal or Registered Office and Co Number. (b) Full names, addresses and dates of birth of Directors, Partners or other persons responsion management of the business. Full Name/Designation Private Address Tel No Date of Supervision of the premises/site. Full Name (block letters) Home Address Postcode Tel No Date and Place of Birth Name (if any) and address of premises for which a licence is required. Number of Occupants (a) Total number of residents who can be accommodated at any one time. Number of Rooms (a) Total number of habitable rooms in house (include kitchen). Number of Rooms (a) Total number of public rooms available for use by residents ie lounge, diningroom etc. (d) Total number of fooms used for private accommodation. Residents Please delete as appropriate (a) Doy ou intend to cater for short term residents only eg tourists, commercial travellers,

	o cater for long term r eir main home whilst re		students who will	occupy the	YES/NO		
8. Catering Arrangem							
	d and Breakfast accor				YES/NO		
, , , , , , , , , , , , , , , , , , ,	II-Board accommodation				YES/NO		
	elf-Catering accommod				YES/NO		
	elf-Contained? (ie inclu		es)		YES/NO		
	ed only accommodation		v boom avanted	a Hawaa ir	YES/NO		
9. Has any person of Occupation Licence	ee? If YES by which a			a nouse ir	ı muitipie		
YES/NO		Authority		Date			
5,\$, .c,		25.15			
10.Has any person no		en refused a Hou	use in Multiple Oc	cupation L	icence? If		
YES by which auth		Authority		Date			
120/110	•	Additionty		Date			
11.Please submit the							
4 copies of detailed pla			Relevant insurance cover				
(see specification for pl	ans)	(photocopy of)	(photocopy of policy and current cover note)				
Fire Safety Certificate	- where premises have	να Δηριτοριίατα ΕΙ	Appropriate Electrical Certificates (to be dated not more				
been previously inspe			, · · · · · · · · · · · · · · · · · · ·				
more than 2 months pri							
Copies of standard I			relevant Safety Ce	rtificates in	respect of		
Agreement			heating systems (to be dated not more than 2 months				
		prior to date of					
12.State below particul							
	, 2(f), 3(b) and 3(c) . P						
	the Civic Licensing Co	•	•				
are spent under the Rehabilitation of Offenders Act 1974 do not have to be included but movertain circumstances, be referred to by the Committee - (continue on separate sheet, if necessary)							
Name of Person Date Continue of Court Of				Senten			
Traine or recom	Date	Oddit	Ononeo	Conton	00/1 1110		

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 Submitted	Yes/ No
		Police Planning		Plans Insurance Fire Safety Electrical Lease/Tenancy	
Certificate of	Date of	ECP	Expiry Date	Heating Cert. Licence Number	and
Compliance Received	Decision			Date of Issue	