# **HOUSING (SCOTLAND) ACT 2006**

GRANT	
or	

# Application for a Licence for a House in Multiple Occupation

RENEWAL Answer either question 1, 2 or question 3 and every other question 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) Full name, address, date and place of birth of employee or agent responsible for day-to-day management of the premises/site.							
		management of the pr	CIIIISCS	Surname		First N	ame(s)	
		Full Name (block lette	rs)					
		Home Address						
		Doctoodo						
		Postcode Tel No						
		Date and Place of Birt	th					
3.				a Company or Partnership				
	(a)		y or Pa	rtnership, Address of Princip	oal or	Registered Office	and Co	mpany
		Number.						
	(b)	•		ates of birth of Directors, Pa	rtners	s or other persons	respon	sible for
		management of the bu			T-11	\1 -	D - 1	f D:4l-
	Full	Name/Designation	Private	e Address	Tel I	NO	Date c	T BIRTN
	(c)	Full name, address, d	ate and	I place of birth of employee o	or age	ent responsible for	dav-to-	·dav
	(-)	supervision of the prei			9 -		<b>,</b>	,
				Surname		First N	ame(s)	
		Full Name (block lette	rs)					
		Home Address						
		Postcode						
		Tel No						
		Date and Place of Birt						
4.	Nar	ne (if any) and addres	ss of pi	remises for which a licence	e is r	equired.		
5.	, ,	mber of Occupants						
	(a)			o can be accommodated at			ls z	
	(D)	resident at one time.	i/S iaiiii	ily or family of person/s man	ayırıy	premises, normal	ıy	
6.	Nur	mber of Rooms						
	(a)	Total number of habita	able roo	oms in house (include kitche	n).			
	· /	Total number of beds.						
	(c) Total number of public rooms available for use by residents ie lounge, diningroom etc.							
	(d) Total number of rooms used for private accommodation.							
7	(e) Total number of rooms used solely for private accommodation.  7. Residents  Please delete as appropriate							
7.				ort term residents only eg to	ourist	s. commercial trave	ellers	
	(4)			re than three weeks duration			J.1010,	YES/NO

(b) Do you intend to cater for long term residents including students who will occupy the premises as their main home whilst resident in Angus?					YES/NO	
	8. Catering Arrangements Please delete as appropriate					
(a) Do you offer Bed and Breakfast accommodation?				YES/NO		
(b) Do you offer Full-Board accommodation?				YES/NO		
	elf-Catering accommod				YES/NO	
	elf-Contained? (ie inclu		es)		YES/NO	
	ed only accommodation		u baan arantad	a Hayaa ir	YES/NO	
9. Has any person of Occupation Licence	ee? If YES by which a			a nouse ir	i muitipie	
YES/NO		Authority		Date		
5,0	•			25.15		
10.Has any person no		en refused a Hou	use in Multiple Oc	cupation Li	icence? If	
YES by which auth		Authority		Date		
1 LO/NO	•	Additionly		Date		
11.Please submit the						
4 copies of detailed pla		Relevant insur				
(see specification for p	ans)	(photocopy of	policy and current o	cover note)		
Fire Safety Certificate	- where premises have	νο Δηριτοριία El	ectrical Certificates	(to be dated	1 not more	
been previously inspe			prior to date of app	`	i ilot illole	
more than 2 months pri			prior to date or app	moduorij		
Copies of standard			relevant Safety Ce	rtificates in	respect of	
Agreement			ns (to be dated no			
		prior to date of				
12.State below particul						
	, <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		
1401110 011 010011	Date	Court	Ononee	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
			Fire  BC  Finance	Plans Insurance Fire Safety Electrical Lease/Tenancy Heating Cert.	
Certificate of Compliance Received	Date of Decision	Decision	Expiry Date	Licence Number and Date of Issue	