

Application for house in multiple occupation (HMO) licence

There is an additional £65 fee for the processing of a paper application but you can also apply online at: <https://www.nottinghamcity.gov.uk/information-for-residents/housing/private-rented-accommodation/landlords-and-tenants-before-a-tenancy/licensing-for-landlords/mandatory-licensing-for-hmos>

HMO ADDRESS

Please give the address of the HMO that you are applying to licence:

Postcode:

LICENCE FEE

Please provide a contact name and telephone number that we can use to take a debit or credit card payment for this application:

Name:

Tel:

We will contact the above named person to take a payment after we have reviewed the application and are satisfied that it is complete. If you want to discuss making a payment by an alternative method, please contact us at hmo@nottinghamcity.gov.uk with further details.

The licence fee is broken into two parts, with the first part being required before a licence can be considered duly made. For more information about the licence fees, please see application guidance **Note 2**.

OFFICE USE ONLY

Part 1 Fee Required £.....

Payment taken

As part of the application, you **MUST** provide the following:

HMO Floor Plans

Plans must include all floors in the HMO, including cellars, and clearly show the layout of the HMO; contain complete floor space measurements for each bedroom, kitchen, living space and dining space; show the location of cookers, sinks and drainers, toilets, baths/showers and wash hand basins. Good plans will also include the location of any smoke/heat detectors, fire doors, escape windows and emergency lighting.

Proof of ID for the proposed licence holder and proposed manager

If the proposed licence holder(s) or manager(s) is a company then this will not need to be provided. For this you must provide one of the following either from list A or list B in the application guidance **Note 3**.

An Electrical Installation Condition Report (EICR)

The certificate must be dated within the last 5 years, be free of any C1 or C2 codes, state that the installation is in a 'satisfactory' condition and be completed by a suitably qualified electrician. Electrical Installation Certificates are acceptable as an alternative but must be dated within the last 5 years and be completed by a suitably qualified electrician.

A Gas Safety Record (if gas is present in the HMO)

The certificate must be dated within the last 12 months and be completed by a gas safe registered engineer.

Current testing and inspection certificate or record of servicing for the fire alarm system (if it has a control panel)

Grade A systems should be inspected and serviced at periods not exceeding six months in accordance with the recommendations of Clause 45 of BS 5839-1:2013. Grade B and Grade C systems should be serviced every six months in accordance with the supplier's instructions and a record of this servicing should be retained.

Current testing and inspection certificate for the emergency lighting system (Required for all emergency lighting systems)

Emergency lighting systems require an annual discharge test in accordance with the requirements of BS 5266: part 8. This test should be recorded in a log book and a periodic inspection and test certificate should be issued.

Current testing and inspection certificate for the sprinkler/misting system (Required for all sprinkler or misting systems)

Water suppression systems must be tested annually in accordance with clause 7 (maintenance) of BS 9251. A system log book must be kept and used to record all actuations, testing, maintenance, system faults and any remedial action.

A valid, and in date, Energy Performance Certificate (EPC) (unless exempt)

You should also provide the following if you have them:

Portable Appliance Testing (PAT) certificate	<input type="checkbox"/>
Written Fire Safety Risk Assessment	<input type="checkbox"/>
Building Regulations Completion Certificate	<input type="checkbox"/>
Proof of Planning Permission for C4 (HMO) Status	<input type="checkbox"/>

NOTES for the applicant:

Complete this form in **black** or **blue** ink only; write clearly within the boxes provided and complete in conjunction with the guidance notes. If you make a mistake, or do not complete all the relevant sections, it may delay the processing of the application and incur further charges for additional administration.

Only complete this application form for a licensable House in Multiple Occupation (HMO), which includes mandatory licensing and additional licensing. For further information please see the guidance document '**HMO Licence Application Guidance Notes**'. You should also refer to the amenity and space standards, which are available on the HMO Licensing web page.

Please return completed forms:

By post to
(Correspondence
address only)

Environmental Health (HMO Licensing),
c/o Loxley House,
Station Street,
Nottingham.
NG2 3NG

In person to

Central Police Station,
Byron House,
Maid Marion Way,
NG1 6HS

By email to hmo@nottinghamcity.gov.uk

On receipt of the application the Council will process the information you have provided and once other checks have been undertaken will contact you in due course. If you have not had any correspondence from the HMO team in relation to this application within 3 weeks, please check that the application has been received by us.

For more information:

Telephone: **0115 876 3400** / Alternative telephone: **0115 915 2020**

E-mail: hmo@nottinghamcity.gov.uk

Website: <https://www.nottinghamcity.gov.uk/information-for-residents/housing/private-rented-accommodation/>

HMO LICENSING SCHEME**Which licensing scheme are you applying under?**

(Tick as appropriate below)

Mandatory HMO Licence (HMOs with 5 or more occupants who form 2 or more households)

Additional HMO Licence (HMOs within the designated area that have 3 or more occupants who form 2 or more households)

Some exemptions apply to both the mandatory and additional licensing schemes. If you think your property might be exempt from either scheme, please email us at hmo@nottinghamcity.gov.uk to discuss the matter further.

Are you applying for a new licence or to renew an existing licence? (Tick as appropriate below)

New licence

Renew a licence*

*Your application will only be classed as a renewal if: 1) the proposed licence holder is the same person as on the last licence granted for this HMO and; 2) this application is being made before the expiry of the said licence.

When did the property first become an HMO?

Date (DD/MM/YYYY) / /

This is the date when it first became occupied as an HMO (at least 3 people who formed at least 2 separate households). This may pre-date your purchase of the property or its inclusion in a licensing scheme.

Are the following persons members of either of these accreditation bodies?

	DASH	Unipol
Proposed Licence Holder	<input type="checkbox"/>	<input type="checkbox"/>
Proposed Manager	<input type="checkbox"/>	<input type="checkbox"/>

PART ONE**SECTION ONE - YOU (i.e. the applicant)****1 Are you (i.e. the applicant):****Yes**

An individual?

Go to 2

A company or charity?

Go to 3

A partnership?*

Go to 4

*If a partnership, full details of all of the individuals which make up this partnership are required

2 Applicant who is an individual

Title:

Full name:

Residential address:

Business name (if applicable):

Business address (if applicable):

Home telephone no:

Work telephone no:

Mobile telephone no:

E-mail address:

Go to 5

3 Applicant which is a company or charity

Full name of company/charity:

Registered/Charity number:

Registered Office:

Trading name (if different):

Business address to which all correspondence should be sent
(if different to registered office):

Name of company secretary:

Telephone no:

Mobile telephone no:

E-mail address:

Go to 5

4 Applicant who is a partnership

Business name:

Business address to which all correspondence should be sent:

Contact person:

Telephone no:

E-mail address:

Names, residential addresses and business roles of all partners. You may need to continue on a separate sheet.

Go to 5

5	Your relationship to the licensable HMO (Tick all that apply)	Yes
----------	--	------------

Are you:

A person having control of the HMO?*

An owner or freeholder?

A leaseholder?

Other (provide details):

***A 'person having control' of a premises is someone who receives the rack-rent of the premises, whether on his/her own account OR as an agent or trustee of another person.**

There can, therefore, be more than one 'person having control' for any premises. For example, if the rent is collected by a managing agent and then passed on to the owner, both the agent and the owner may be the 'person having control' of the premises.

Please also see the application guidance Note 4 for further details.

Go to 6

SECTION TWO - THE PROPOSED LICENCE HOLDER**6 Are you (The applicant) proposing yourself as licence holder?****Yes****No****Go to 12****Go to 7****7 Is the proposed licence holder:****Yes**

An individual or individuals?

Go to 8

A company or charity?

Go to 9

A partnership?*

Go to 10

*If a partnership, full details of all of the individuals which make up this partnership are required.

8 Proposed licence holder(s) who is/are individual(s)**Proposed licence holder 1**

Title:

Full name:

Residential address:

Business name (If applicable):

Business address (If applicable):

Home telephone no:

Work telephone no:

Mobile telephone no:

E-mail address:

Proposed licence holder 2 (If any)

Yes

No

Is there a second proposed licence holder?

If there is more than one proposed licence holder, please provide the same details for the remaining proposed licence holder on a separate sheet.

Go to 11**9 Proposed licence holder which is a company or charity**

Full name of company/charity:

Registered/Charity number:

Registered Office:

Trading name (if different):

Business address to which all correspondence should be sent
(if different to registered office):

Name of company secretary:

Contact person:

Telephone no:

Mobile telephone no:

E-mail address:

Go to 11

10 Proposed licence holder which is a partnership

Business name:

Business address to which all correspondence should be sent:

Contact person:

Telephone no:

E-mail address:

Names, residential addresses and business roles of all partners. You may need to continue on a separate sheet.

Go to 11

11 Relationship of the proposed licence holder to the licensable HMO
(tick all that apply)

Is the proposed licence holder: Yes

A person having control of the HMO?*

An owner or freeholder?

A leaseholder?

Other (Provide details):

***A 'person having control' of a premises is someone who receives the rack-rent of the premises, whether on his/her own account OR as an agent or trustee of another person.**

There can, therefore, be more than one 'person having control' for any premises. For example, if the rent is collected by a managing agent and then passed on to the owner, both the agent and the owner may be the 'person having control' of the premises.

Please also see the application guidance Note 4 for further details.

Go to 12

12 Is the proposed licence holder also the licence holder for any other HMO within the City of Nottingham?

Yes

If you have ticked 'yes', provide details of all such HMOs on a separate sheet

13 Is the proposed licence holder also the licence holder for any other HMO within another local authority area?

Yes

If you have ticked 'yes', provide details of all such HMOs in the space below and indicate for each which local authority area the HMO is located.

Go to 14

SECTION THREE - THE PROPOSED MANAGER**Yes****No****14 Are you (the applicant) proposing yourself as manager?****Go to 21****Go to 15****15 Is the proposed manager the same person as the licence holder?****Go to 21****Go to 16****16 Is the proposed manager:**

An individual or individuals?

Go to 17

A company or charity?

Go to 18

A partnership?*

Go to 19

*If a partnership, full details of all of the individuals which make up this partnership are required.

17 Proposed manager(s) who is/are individual(s)**Proposed manager 1**

Title:

Full name:

Residential address:

Business name (If applicable):

Business address (If applicable):

Home telephone no:

Work telephone no:

Mobile telephone no:

E-mail address:

Proposed manager 2 (if any):

Is there a second manager?

Yes

No

If there is more than one individual proposed manager, please provide similar details for the remaining proposed managers on a separate sheet.

Go to 20**18 Proposed manager which is a company or charity**

Full name of company/charity:

Registered/charity number:

Registered office:

Trading name (If different):

Business address to which all correspondence should be sent
(If different to registered office):

Name of company secretary:

Contact person:

Telephone no:

Mobile telephone no:

E-mail address:

Go to 20

19 Proposed manager which is a partnership

Business name:

Business address to which all correspondence should be sent:

Contact person:

Telephone no:

E-mail address:

Names, residential addresses and business roles of all partners.
If necessary continue on a separate sheet:

Go to 20

20 Relationship of the manager to the licensable HMO (tick all that apply)

Is the proposed manager: Yes

A person having control of the HMO?*

An owner or freeholder?

A leaseholder?

Other (Provide details):

***A 'person having control' of a premises is someone who receives the rack-rent of the premises, whether on his/her own account OR as an agent or trustee of another person.**

There can, therefore, be more than one 'person having control' for any premises. For example, if the rent is collected by a managing agent and then passed on to the owner, both the agent and the owner may be the 'person having control' of the premises.

Please also see the application guidance Note 4 for further details.

Go to 21

SECTION FOUR - FIT AND PROPER PERSON

To grant a licence, the local authority must be satisfied that the proposed licence holder and the proposed manager is a fit and proper person. See application guidance Note 5.

21 Fit and Proper Person: Proposed licence holder

Yes No

Has the proposed licence holder any unspent convictions in respect of any offence involving fraud or other dishonesty, or violence or drugs or any offence listed in Schedule 3 to the Sexual Offences Act 2003?

Has the proposed licence holder any other unspent convictions that may be relevant to the proposed licence holder's fitness to hold a licence?

Has any court or tribunal found against the proposed licence holder that he has practised unlawful discrimination on grounds of sex, colour, race, ethnic or national origin or disability in, or in connection with, the carrying on of any business?

Has the proposed licence holder ever contravened any provision of any enactment relating to housing, public health, environmental health, health and safety at work, planning, building or landlord and tenant law which led to civil or criminal proceedings resulting in a judgement being made against him?

Does the proposed licence holder own or manage, or has owned or managed, any HMO or house which has been the subject of:

Any appropriate enforcement action described in section 5(2) of the Housing Act 2004; or

An interim or final management order under the Housing Act 2004?

Does the proposed licence holder own or manage, or has he owned or managed, any HMO or house for which a local housing authority has refused to grant a licence under Part 2 or 3 of the Housing Act 2004, or has revoked a licence in consequence of the licence holder breaching the conditions of his licence.

Has the proposed licence holder acted otherwise than in accordance with any applicable code of practice approved under section 233 of the Housing Act 2004?

Go to 22

22 Fit and Proper Person: associates of proposed licence holder **Yes No**

Has any associate of the proposed licence holder any unspent convictions in respect of any offence involving fraud or other dishonesty, or violence or drugs or any offence listed in Schedule 3 to the Sexual Offences Act 2003?

Has any associate of the proposed licence holder any other unspent convictions that may be relevant to the proposed licence holder's fitness to hold a licence?

Has any court or tribunal found against any associate of the proposed licence holder that he has practised unlawful discrimination on grounds of sex, colour, race, ethnic or national origin or disability in, or in connection with, the carrying on of any business?

Has any associate of the proposed licence holder ever contravened any provision of any enactment relating to housing, public health, environmental health, health and safety at work, planning, building or landlord and tenant law which led to civil or criminal proceedings resulting in a judgement being made against him?

Does any associate of the proposed licence holder own or manage, or has owned or managed, any HMO or house which has been the subject of:

Any appropriate enforcement action described in section 5(2) of the Housing Act 2004; or

An interim or final management order under the Housing Act 2004?

Does any associate of the proposed licence holder own or manage, or has he owned or managed, any HMO or house for which a local housing authority has refused to grant a licence under Part 2 or 3 of the Housing Act 2004, or has revoked a licence in consequence of the licence holder breaching the conditions of his licence.

Has any associate of the proposed licence holder acted otherwise than in accordance with any applicable code of practice approved under section 233 of the Housing Act 2004?

Go to 23

23 If the proposed manager is **NOT** the same person as the licence holder, complete these questions as well. Otherwise, go to question 25.

Fit and Proper Person: Proposed Manager	Yes	No
Has the proposed manager any unspent convictions in respect of any offence involving fraud or other dishonesty, or violence or drugs or any offence listed in Schedule 3 to the Sexual Offences Act 2003?	<input type="checkbox"/>	<input type="checkbox"/>
Has the proposed manager any other unspent convictions that may be relevant to the proposed manager's fitness to manage the HMO or house?	<input type="checkbox"/>	<input type="checkbox"/>
Has any court or tribunal found against the proposed manager that he has practised unlawful discrimination on grounds of sex, colour, race, ethnic or national origin or disability in, or in connection with, the carrying on of any business?	<input type="checkbox"/>	<input type="checkbox"/>
Has the proposed manager ever contravened any provision of any enactment relating to housing, public health, environmental health, health and safety at work, planning, building or landlord and tenant law which led to civil or criminal proceedings resulting in a judgement being made against him?	<input type="checkbox"/>	<input type="checkbox"/>
Does the proposed manager own or manage, or has owned or managed, any HMO or house which has been the subject of:		
Any appropriate enforcement action described in section 5(2) of the Housing Act 2004; or	<input type="checkbox"/>	<input type="checkbox"/>
An interim or final management order under the Housing Act 2004?	<input type="checkbox"/>	<input type="checkbox"/>
Does the proposed manager own or manage, or has he owned or managed, any HMO or house for which a local housing authority has refused to grant a licence under Part 2 or 3 of the Housing Act 2004, or has revoked a licence in consequence of the licence holder breaching the conditions of his licence.	<input type="checkbox"/>	<input type="checkbox"/>
Has the proposed manager acted otherwise than in accordance with any applicable code of practice approved under section 233 of the Housing Act 2004?	<input type="checkbox"/>	<input type="checkbox"/>
Go to 24		

24 Fit and Proper Person: Associates of Proposed Manager **Yes No**

Has any associate of the proposed manager any unspent convictions in respect of any offence involving fraud or other dishonesty, or violence or drugs or any offence listed in Schedule 3 to the Sexual Offences Act 2003?

Has any associate of the proposed manager any other unspent convictions that may be relevant to the proposed manager's fitness to manage the HMO or house?

Has any court or tribunal found against any associate of the proposed manager that he has practised unlawful discrimination on grounds of sex, colour, race, ethnic or national origin or disability in, or in connection with, the carrying on of any business?

Has any associate of the proposed manager ever contravened any provision of any enactment relating to housing, public health, environmental health, health and safety at work, planning, building or landlord and tenant law which led to civil or criminal proceedings resulting in a judgement being made against him?

Does any associate of the proposed manager own or manage, or has owned or managed, any HMO or house which has been the subject of:

Any appropriate enforcement action described in section 5(2) of the Housing Act 2004, or;

An interim or final management order under the Housing Act 2004?

Does any associate of the proposed manager own or manage, or has he owned or managed, any HMO or house for which a local housing authority has refused to grant a licence under Part 2 or 3 of the Housing Act 2004, or has revoked a licence in consequence of the licence holder breaching the conditions of his licence.

Has any associate of the proposed manager acted otherwise than in accordance with any applicable code of practice approved under section 233 of the Housing Act 2004?

Go to 25

25 Banning Orders**Yes No**

Does any person with an estate or interest in the property, or any person associated with those persons, have a banning order under section 16 of the Housing and Planning Act 2016, in force against them?

 26 Further details

If you answered '**Yes**' to any of the questions in '**Section 4 – Fit and Proper Persons**' (**Questions 21 to 25**), please provide details in the space below.

Provide as much detail as you can, including but not limited to: the details of the conviction, finding, judgement or notice; any relevant dates, including the date of any hearings (where applicable), and; the name of the relevant police force, council, tribunal or relevant other body.

If you do not provide us with sufficient detail, this may delay your application.

Go to 27

27 To grant a licence, the local authority must be satisfied that management arrangements are otherwise satisfactory

Proposed licence holder	Yes	No
-------------------------	-----	----

Is the proposed licence holder an undischarged bankrupt?	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------

Does the proposed licence holder have any outstanding County Court judgements against him or any company he is associated with?	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------

Does the proposed licence holder have the authority to repair and maintain the property?	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------

Is there any limit to the amount that the proposed licence holder can spend before needing authorisation?	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------

If yes, please provide details of the amount and from whom authorisation is needed here:

If authorisation is required, can this amount be exceeded in an emergency? E.g. broken boiler, burst water pipe etc.	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------

Has the proposed licence holder taken out any form of insurance or breakdown cover for the property? E.g. boiler breakdown cover.	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------

If yes, please provide details here:

What financial arrangements are in place to repair and maintain the property?
Tick each relevant option.

Savings / Cash Funds	<input type="checkbox"/>
----------------------	--------------------------

Credit (Finance / Contractors)	<input type="checkbox"/>
--------------------------------	--------------------------

Other, please specify below	<input type="checkbox"/>
-----------------------------	--------------------------

If other, please provide details here:

28 If the proposed licence holder is the same person as the manager, skip question 28 and go straight to question 29.

Proposed manager	Yes	No
Is the proposed manager an undischarged bankrupt?	<input type="checkbox"/>	<input type="checkbox"/>
Does the proposed manager have any outstanding County Court judgements against him or any company he is associated with?	<input type="checkbox"/>	<input type="checkbox"/>
Does the proposed manager have the authority to repair and maintain the property?	<input type="checkbox"/>	<input type="checkbox"/>
Is there any limit to the amount that the proposed manager can spend before needing authorisation?	<input type="checkbox"/>	<input type="checkbox"/>
<i>If yes, please provide details of the amount and from whom authorisation is needed here:</i>		
If authorisation is required, can this amount be exceeded in an emergency? E.g. broken boiler, burst water pipe etc.	<input type="checkbox"/>	<input type="checkbox"/>
Has the proposed manager taken out any form of insurance or breakdown cover for the property? E.g. boiler breakdown cover.	<input type="checkbox"/>	<input type="checkbox"/>
<i>If yes, please provide details here:</i>		
What financial arrangements are in place to repair and maintain the property? Tick each relevant option.		
Savings / Cash Funds	<input type="checkbox"/>	
Credit (Finance / Contractors)	<input type="checkbox"/>	
Other, please specify below	<input type="checkbox"/>	
<i>If other, please provide details here:</i>		
Go to 29		

29 RELEVANT PERSONS (New licence applications only)

You must let certain persons know in writing that you have made this application or give them a copy of it. The persons who need to know about it are:

- any mortgagee of the property to be licensed;
- any owner of the property to which the application relates (if that is not you) i.e. the freeholder and any head lessors who are known to you;
- any other person who is a tenant or long leaseholder of the property or any part of it (including any flat) who is known to you other than a statutory tenant or other tenant whose lease or tenancy is for less than three years (including a periodic tenancy);
- the proposed licence holder (if that is not you);
- the proposed managing agent (if any) (if that is not you); and
- any person who has agreed that he will be bound by any conditions in a licence if it is granted.

You must tell each of these persons:

- your name, address telephone number and e-mail address or fax number (If any);
- the name, address, telephone number and e-mail address or fax number (If any) of the proposed licence holder (if it will not be you);
- whether this is an application for an HMO licence under Part 2 or for a house licence under Part 3 (Selective licensing of other properties) of the Housing Act 2004;
- the address of the property to which the application relates;
- the name and address of the local housing authority to which the application will be made; and
- the date the application will be submitted.

Please provide details on the next page of any persons (other than the licence holder) that you have made aware of this application in accordance with the above requirement.

Person 1**Example owner, co-owner(s) or Mortgage lender**Name:

Address:

Postcode:

E-mail address:

Interest in the property or the application:

Date of service of notice:

Person 2**Example owner, co-owner(s) or Mortgage lender**Name:

Address:

Postcode:

E-mail address:

Interest in the property or the application:

Date of service of notice:

Person 3**Example owner, co-owner(s) or Mortgage lender**Name:

Address:

Postcode:

E-mail address:

Interest in the property or the application:

Date of service of notice:

Please provide similar details for any further persons on a separate sheet

Go to 30

30 DECLARATIONS - See application guidance Note 9

1. I/we declare that the information contained in this application is correct to the best of my/our knowledge. I/We understand that I/we commit an offence if I/we supply any information to a local housing authority in connection with any of their functions under any of Parts 1 to 4 of the * Housing Act 2004 that is false or misleading and which I/we know is false or misleading or am/are reckless as to whether it is false or misleading.

2. I/We declare that I/We have served a notice of this application on the persons above who are the only persons known to me/us that are required to be informed that I/we have made this application:

3. I/We agree to receive the licence and/or other relevant documents under Parts 2 and 3 of the Housing Act 2004, transmitted by electronic means (via email) in accordance with s247 of the Act.

Applicant:

Name (Please print):

Signing on behalf of: (company name)

if applicable

Signature:

Date:

Proposed licence holder(s) (if not the same person(s) as the applicant):

Name(s) (Please print):

Signing on behalf of: (company name)

if applicable

Signature(s):

Date(s):

***For further information on the Housing Act 2004, please visit:
www.legislation.gov.uk**

GO TO PART TWO

PART TWO**DETAILS OF THE HMO**

If you are applying to renew an existing licence you may not need to provide full details of the HMO, provided that:

- the existing licence has not already expired;
- you are the existing licence holder for the HMO

If the above applies, go to question 31 below and complete the declaration. Otherwise, skip this declaration and go to question 32.

31 Declaration for Renewal applications only:

I/We declare that the house referred to in this application in respect of which a licence is sought under * Part 2 of the Housing Act 2004 is subject to a licence under that Part at the time this application is made.

I/We further declare that to the best of my/our knowledge either:

(a) none of the information described in paragraph 2(c) to (g) of Schedule 2 of Statutory Instrument 373 (2006) and previously submitted to the authority has materially changed since that licence was granted (or varied, if applicable); or

(b) the only material changes to that information are described as follows:

Continue on separate sheet as necessary and if appropriate submit new plans for the property.

Name(s) (Please print):

Signature(s):

Date(s):

GO TO PART THREE

For further information on the Housing Act 2004, please visit: www.legislation.gov.uk

32 Type of building - See application guidance Note 1

Yes

Please indicate the type of building for which the application is being made:

House in multiple occupation

Flat in multiple occupation

Converted building in multiple occupation

Other (Please give details here):

33 Date of construction

Was the property built (tick the appropriate option):

Before 1919?

1919 – 1945?

1946 – 1964?

1965 – 1979?

After 1979?

34 Storeys - See application guidance Notes 6

Tick each storey that is present in the HMO:

Cellar	<input type="checkbox"/>	Habitable Basement	<input type="checkbox"/>	Ground floor	<input type="checkbox"/>
First floor	<input type="checkbox"/>	Second floor	<input type="checkbox"/>	Third floor	<input type="checkbox"/>
Fourth floor	<input type="checkbox"/>	Fifth floor	<input type="checkbox"/>	Sixth floor	<input type="checkbox"/>
Other(s)					

Go to 35

HMO occupation - See application guidance Note 7**Current Occupation****Number****35** How many households occupy the property at present?**36** How many individual people occupy the property at present?**Yes****No****37** Do any persons under the age of 10 years occupy the property at present?

If yes, provide further details below (E.g. children in care, children living with parents/guardians etc.)

Proposed Occupation**Number****38** How many households would you like the licence for?**39** How many individuals would you like the licence for?**Go to 40**

40 Shared amenities

How many of each of the following are in the property?	Number
Shared bath/shower room, including WC & wash hand basin (WHB)	
Shared separate shower room	
Shared separate WC & WHB	
Shared living/dining room	
Suitably located shared kitchen	
Shared sink with draining board	
Shared cooker (at least 4 rings grill & hob)	
Shared microwave oven with minimum 27 litre capacity	
Shared combination microwave oven	
Shared dishwasher	
Individual electrical sockets* in the kitchen	
Single cupboards for the storage of food or kitchen/cooking utensils	
Domestic Household Waste Bins (I.e. those collected by the Council)	
Domestic Recycling Bins (I.e. those collected by the Council)	
Domestic Garden Waste Bins (I.e. those collected by the Council)	
Shared fridge with a minimum capacity of 140 litres	
Shared freezer with a minimum capacity of 70 litres	
Worktop for preparation of food (approximate length in metres)m

*Double sockets count as two sockets. Only sockets above the worktop should be counted, discounting any sockets used for fixed appliances. E.g. fridge, freezer, cooker etc.

Go to 41

Heating**41 Is there heating in the shared bathrooms? If yes, is it: Yes No**Radiator/s as part of the gas/oil fired central heating system? Individual wall-mounted electric heater/s?

Other? Please state:

42 Is there heating in the bedrooms? If yes, is it:Radiator/s as part of the gas/oil fired central heating system? Individual wall-mounted electric heater/s?

Other? Please state:

43 Is there heating in the shared kitchen(s)? If yes, is it:Radiator/s as part of the gas/oil fired central heating system? Individual wall-mounted electric heater/s?

Other? Please state:

44 Is there heating in the common parts such as hallways and stairwells? If yes, is it:Radiator/s as part of the gas/oil fired central heating system? Individual wall-mounted electric heater/s?

Other? Please state:

Go to 45

**45 Individual letting units (Self-contained flats / bed-sits / bedrooms)
See application guidance Note 8**

How many separate letting units are there? Number:

Please complete one column for each unit (E.g. bedsit, flat or bedroom etc).

For each of the categories below, please state **for each unit the number of:**

Unit = Self-contained flats OR bed-sits OR bedroom	Unit 1	Unit 2	Unit 3	Unit 4	Unit 5	Unit 6
People who could live in the unit						
Bedrooms						
Wash hand basins						
WCs						
Bath/showers						
Living/dining room						
Kitchen						
4 hob cooker, oven & grill						
Microwave oven						
Sink with draining board						
Cupboards for the storage of food or kitchen/cooking utensils						
Fridge						
Freezer						
Worktop for food preparation	m	m	m	m	m	m
Individual electrical sockets*						

*Double sockets count as two sockets. Only sockets above the worktop should be counted, discounting any sockets used for fixed appliances. E.g. fridge, freezer, cooker etc.

Suitability of washing amenities **Yes No**

46 Are all baths, showers and wash hand basins provided with an adequate supply of cold & constant hot water?

47 Are all baths, showers, toilets and wash hand basins fit for purpose?

48 Are all bathrooms suitably and adequately heated and ventilated with an extractor fan?

49 Are all the bathrooms and toilets adequately enclosed and of adequate size and layout?

50 Are all the bathrooms and toilets either within, or reasonably near to, the units of living accommodation?

Suitability of cooking amenities **Yes No**

51 Do all kitchens have appropriate mechanical extractor fans which vent externally?

52 Do all sinks have taps providing an adequate supply of cold & constant hot water?

53 Do all sinks have a draining board?

54 Does each kitchen have appropriate refuse facilities?

SAFETY OF INSTALLATIONS **Yes No**

55 Are there any gas appliances in the property?
(Do not include those provided by the tenant)

This includes boilers, fires, cookers and water heaters etc. If yes, you must include a copy of the gas safety certificate with your application.

56 Is there a current inspection and testing report for the electrical installation within the property?

If yes, you must include a copy of the certificate with your application.

Go to 57

Fire Risk Assessments **Yes** **No**

57 Has a fire safety risk assessment been undertaken at the property?

If yes, please include a copy with your application.

Sprinkler and Misting Systems **Yes** **No**

58 Does the HMO incorporate a sprinkler or misting system?

59 If yes, do you have a testing and inspection certificate for the sprinkler or misting system?

If yes, you must include a copy with your application.

Fire Alarm and Detection Systems **Yes** **No**

60 Is there a fire alarm and detection system in the HMO?

61 Does the fire alarm and detection system have a control panel?

62 Is the fire alarm and detection system interlinked? (I.e. If one alarm is activated, all the alarms will sound)

63 How is the fire alarm and detection system powered?

Battery only?

Mains wired only?

Mains wired with battery back-up?

64 Is there a current fire alarm and detection test certificate?
If yes, please include a copy with your application.

The location of any smoke or heat detectors, alarm sounders (if applicable) and the fire alarm control panel (if applicable) must be shown on the plans you submit with this application.

Go to 65

Emergency lighting**Yes****No**

65 Is there an emergency lighting system in the HMO?

66 If yes, is there a current emergency lighting test certificate?
If yes, you must include a copy with your application

Escape route**Yes****No**

67 Is each kitchen fitted with a fire rated door?
This includes any doors rated FD20, FD30 or FD60

68 Are each of the other risk rooms, which open onto the main escape route, fitted with a fire rated door?
Risk rooms include kitchens, bedrooms and living rooms but not bathroom

If no, list the doors that are not fire rated?

69 Are all fire rated doors, which open onto the main escape route, fitted with self-closing devices?

If no, list the doors that are not fitted with self-closing devices?

70 Is the main exit door openable from the inside without the use of a key or removable tool?

Go to 71

Other fire precautions		Yes	No
71	Are fire extinguishers provided in the HMO? (Not including those provided by the occupants)	<input type="checkbox"/>	<input type="checkbox"/>
<i>If yes, please state type and location:</i>			
72	Is a fire blanket provided in all kitchens?	<input type="checkbox"/>	<input type="checkbox"/>
73	Is furniture provided in the property?	<input type="checkbox"/>	<input type="checkbox"/>
74	If yes, does it meet the safety requirements contained in any enactment?	<input type="checkbox"/>	<input type="checkbox"/>

75 Floor Plans

As part of your application, you must provide clear, complete and accurate plans. Applications that do not have such plans, will not be accepted as duly made.

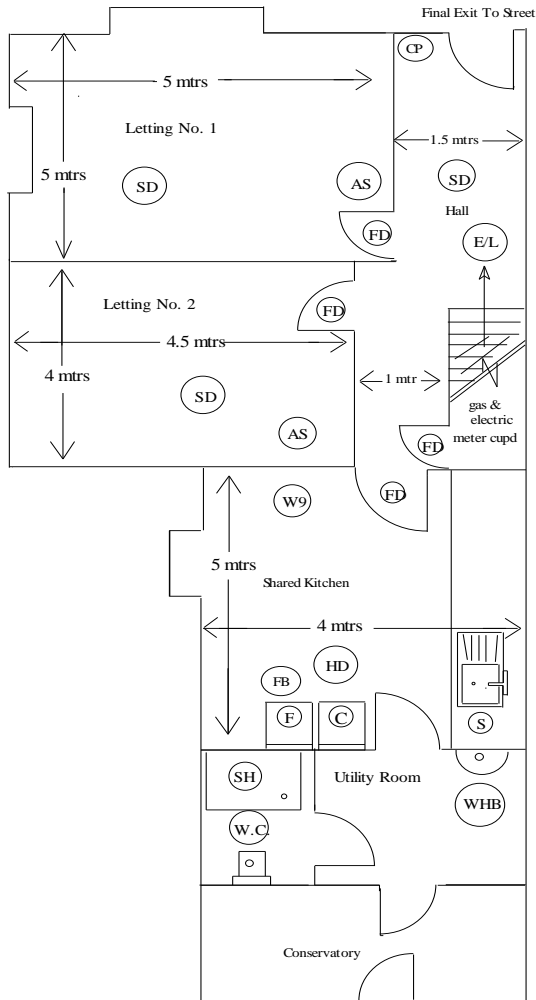
As a minimum, your plans **MUST** include:

- A clear and full layout of the HMO (include cellars and floors without habitable rooms).
- Full room measurements showing the available floor space in each bedroom, kitchen, living space and dining space. Any floor space where the ceiling height is below 1.53m should be clearly marked.
- The location of any sinks, cookers, toilets, baths, showers and wash hand basins.
- The location and type of any smoke or heat detectors, any alarm sounders (if applicable) and any fire alarm control panels (if applicable).

Good plans will also include the location of any fire doors, escape windows and emergency lighting.

Below is an example showing the type of sketch and detail required. Please use the abbreviations listed below to mark details on the plan. Please provide a separate sketch of each floor level of the property. Please add additional sheets if you require further space. If you already have plans of the property, you may submit these separately.

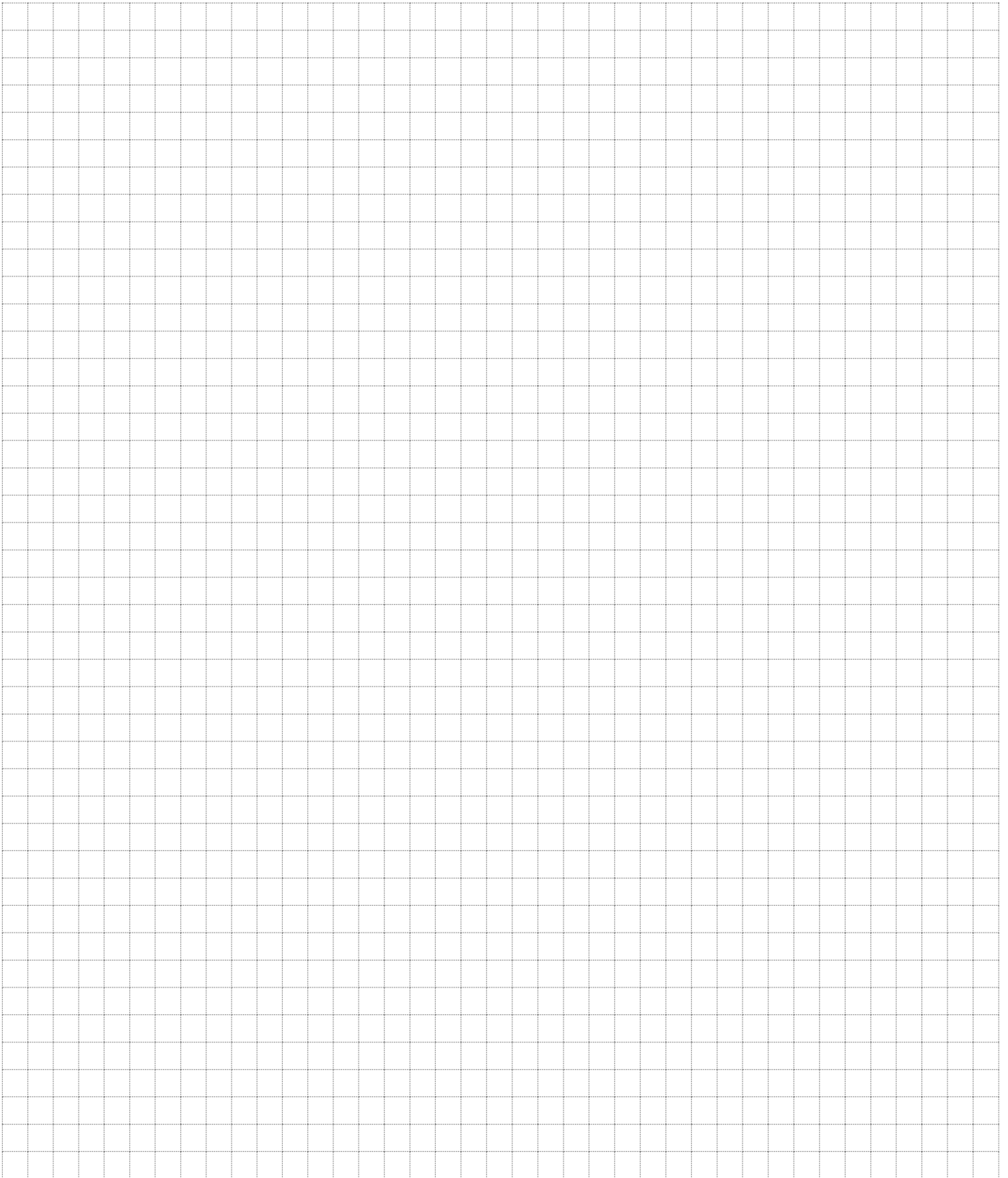
KEY TO SYMBOLS TO BE USED ON PLAN



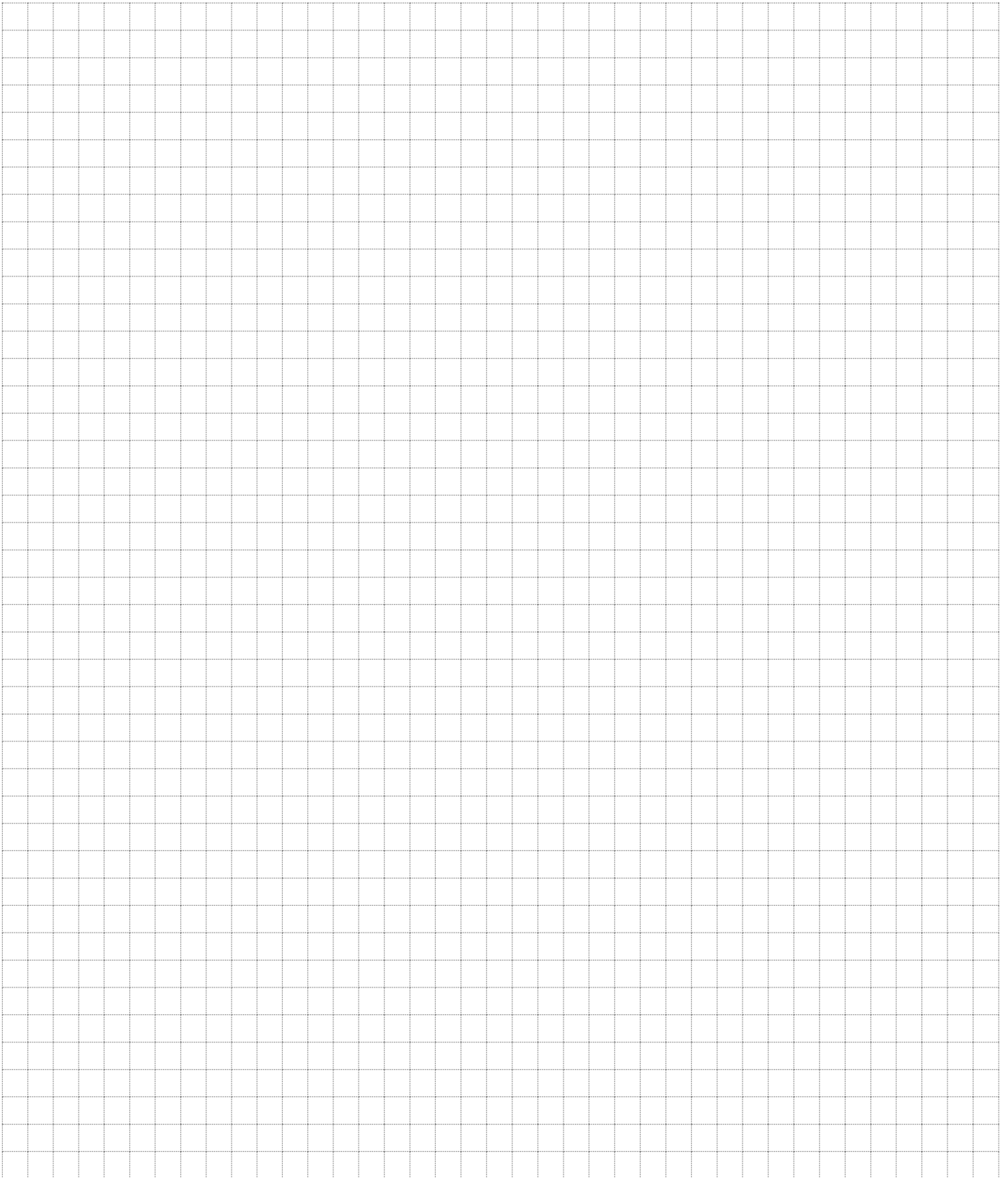
- (FD) FIRE DOOR
 - (EL) EMERGENCY LIGHTING
 - (SD) SMOKE DETECTOR
 - (HD) HEAT DETECTOR
 - (AS) ALARM SOUNDER
 - (CP) CALL POINT
 - (FB) FIRE BLANKET
 - (W9) WATER EXTINGUISHER
 - (AAF) FOAM EXTINGUISHER
 - (SH) SHOWER
 - (WC) WATER CLOSET
 - (C) COOKER
 - (S) SINK
 - (F) FRIDGE
 - (B) BATH
 - (WHB) WASH HAND BASIN
 - (FAP) FIRE ALARM PANEL
- Either

EXAMPLE GROUND FLOOR PLAN

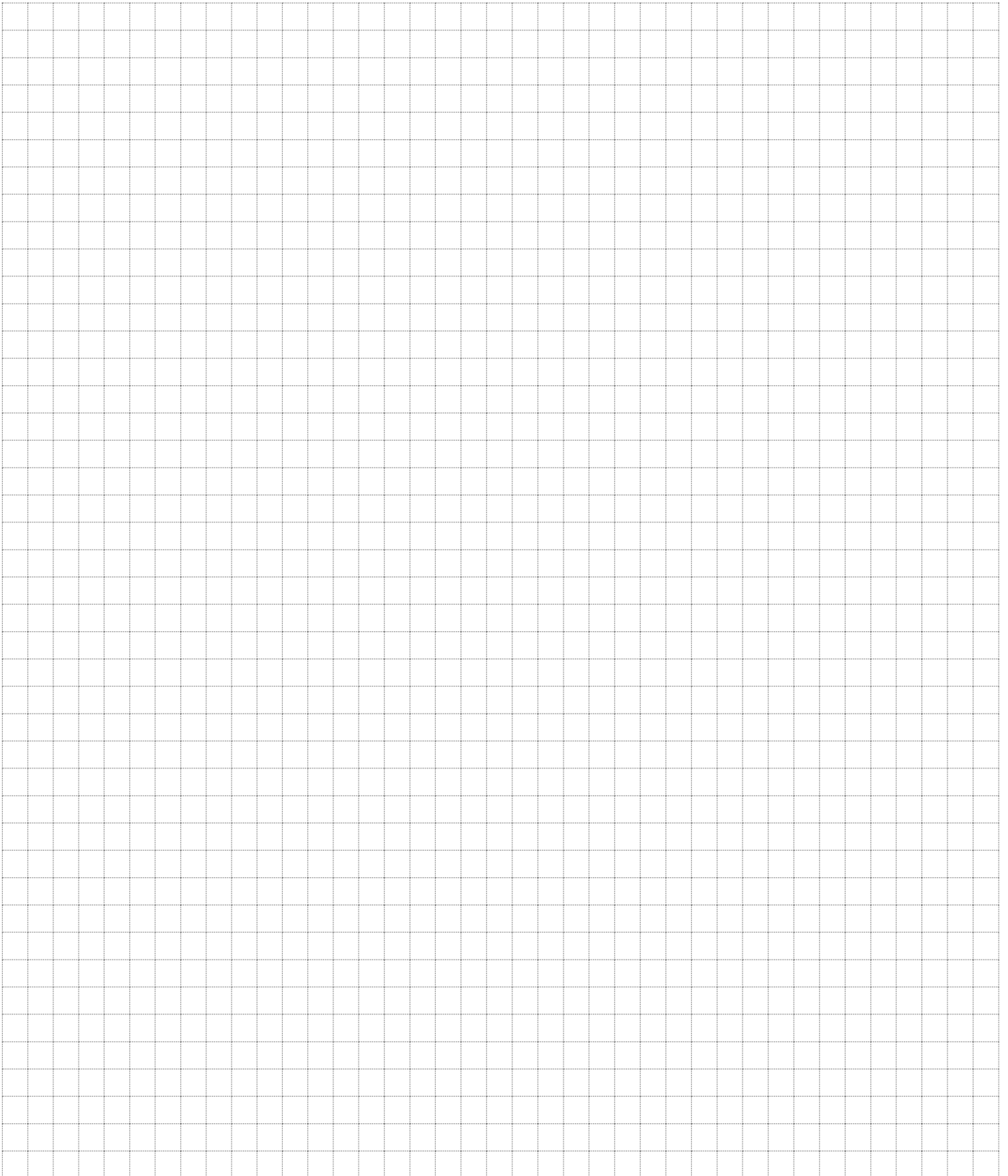
Sketch Plan



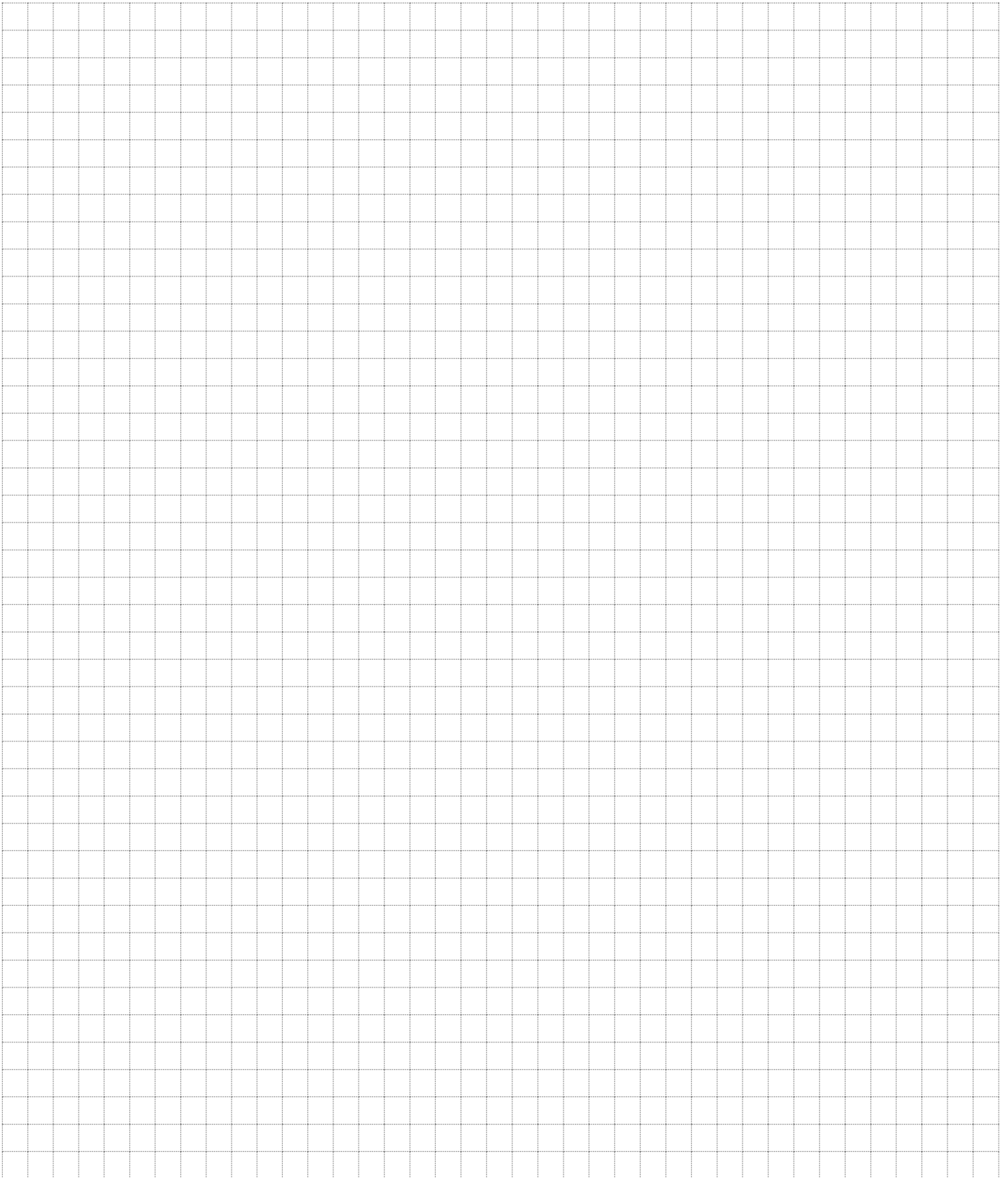
Sketch Plan



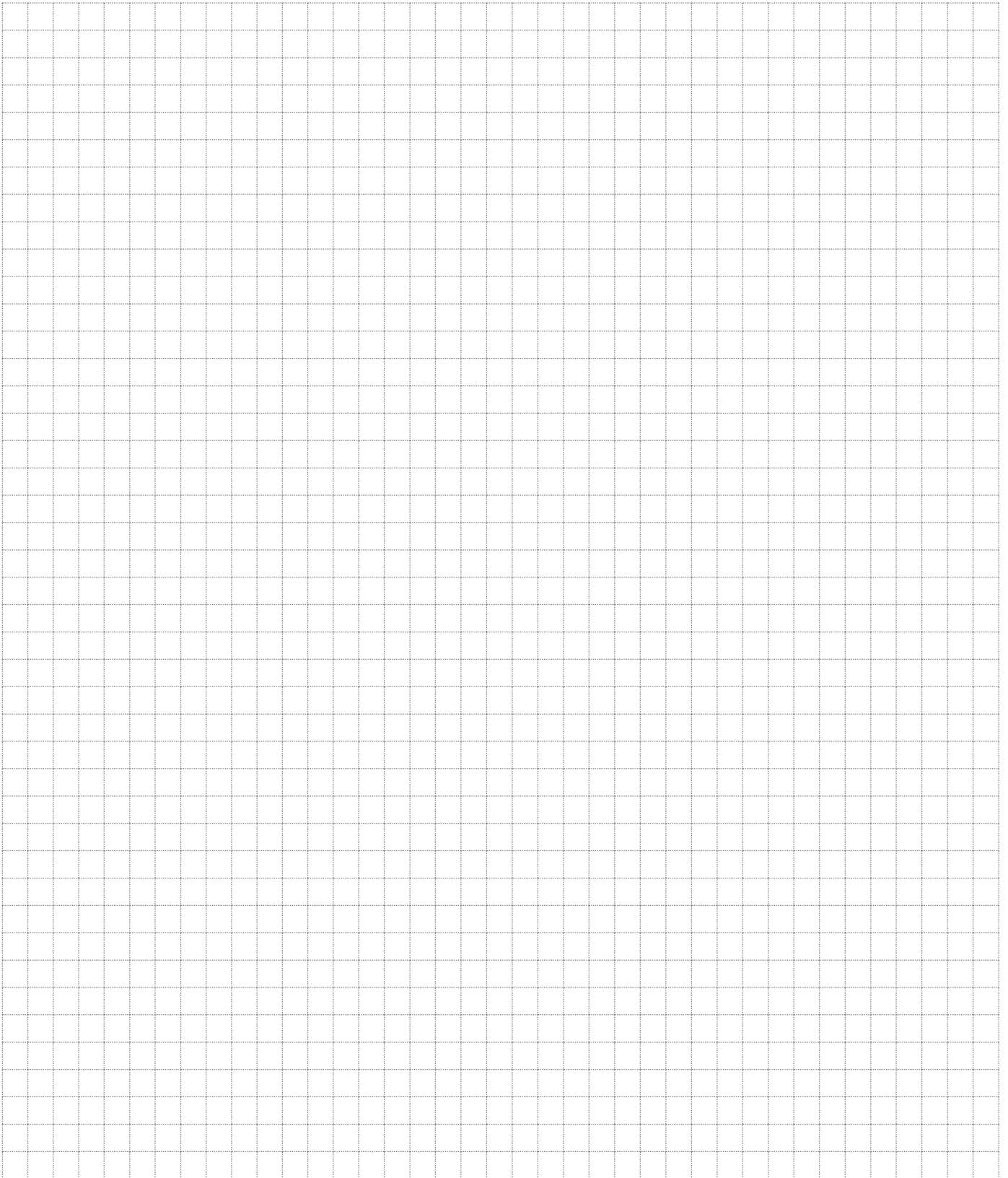
Sketch Plan



Sketch Plan



Sketch Plan



PART THREE – see application guidance **Note 9****Statutory declaration for release of information**

We will use the information provided by you for the processing of licence applications and compliance of such licences whilst they remain in force. The basis under which the Council uses personal data for this purpose is under Parts 1 to 4 of the Housing Act 2004 this is necessary for the performance of a task carried out in the public interest by the Council or in the exercise of official authority vested in the Council by the Housing Act 2004 and other associated legislation.

The information that you have provided will be kept for the duration of the licence and 7 years after the expiry date of the licence. If the licence is refused it will kept for 7 years after the date of the licence refusal.

As part of our duty under the Housing Act 2004 we may have to share and/or check your information with other agencies for example the Police, Fire and Rescue Service, Office of Fair Trading, other local authorities and other relevant departments within the Council, for example Planning, Council Tax, Revenues and Benefits and Debtors.

Please sign and date the declaration below in order for us to progress your application.

To be completed by Proposed Licence Holder:

I, as the proposed licence holder, hereby authorise any statutory body holding information about me, which falls within the categories above, to provide this information on request by the Council.

Name (Please print):

Signature:

Date:

To be completed by Manager/Managing Agent:

I, as the manager, hereby authorise any statutory body holding information about me, which falls within the categories above, to provide this information on request by the Council.

Name (Please print):

Signature:

Date:

Ethnicity

This will not form part of the application process and will not link to this application, but will be kept separate. It will assist Nottingham City Council to monitor the ethnicity of proposed licence holders in order that we can make sure we are delivering services to meet the needs to all of our customers and that we are complying with the Public Sector Equality Duty and corporate requirements.

Ethnicity of the proposed licence holder

Please tick

Asian / Asian British	Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Other Asian <input type="checkbox"/>
Black / Black British	Caribbean <input type="checkbox"/>	Black <input type="checkbox"/>	Other black background <input type="checkbox"/>	
Chinese or other ethnic group	Chinese <input type="checkbox"/>	Any other ethnic group – please write in:		
Dual heritage	White and Black Caribbean <input type="checkbox"/>	White and Black African <input type="checkbox"/>	White and Asian <input type="checkbox"/>	Other dual heritage background <input type="checkbox"/>
White	British <input type="checkbox"/>	Irish <input type="checkbox"/>	Other <input type="checkbox"/>	

The Council may send information on any changes to legislation, training opportunities other items of interest and occasionally relevant information from other selected partners e.g. accreditation providers and landlord organisations (Optional).

Please tick to confirm you would like to receive this information

Please tick to confirm the licence holder would like to receive this information (if not the same person as the applicant)

Short Form Privacy Notice

We will use the information provided by you for the processing of licence applications and compliance of such licences whilst they remain in force. The basis under which the Council uses personal data for this purpose is under Parts 1 to 4 of the Housing Act 2004 this is necessary for the performance of a task carried out in the public interest by the Council or in the exercise of official authority vested in the Council by the Housing Act 2004 and other associated legislation.

The information that you have provided will be kept for the duration of the licence and 7 years after the expiry date of the licence. If the licence is refused it will be kept for 7 years after the date of the licence refusal.

As part of our duty under the Housing Act 2004 we may have to share and/or check your information with other agencies for example the Police, Fire and Rescue Service, Office of Fair Trading, accreditation partners (e.g. DASH, Unipol and ANUK), other local authorities and other relevant departments within the Council, for example Planning, Council Tax, Revenues and Benefits and Debtors. For more detailed information regarding our privacy notice please go to <http://www.nottinghamcity.gov.uk/privacy-statement>

The Data Protection Officer is Naomi Matthews. You can contact the data protection officer at the above address or data.protectionofficer@nottinghamcity.gov.uk

If there is any other information we need to know about regarding this application that you have been unable to enter on the form please enter the details on a separate sheet.