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| **Licence application declaration – proposed licence holder**  **(To be completed by each proposed licence holder on this application, if the applicant is different to the proposed licence holder)** | |
| **Property Address:** | |
| As part of any application for an HMO or Selective licence, the proposed licence holder(s), if a different person to the applicant, must read, complete and upload this form with their online application. **Note: if the licence holder and applicant are NOT the same person, it will not be possible to submit the online application without first uploading a copy of this form with the application.** | |
| **DECLARATIONS (Tick to confirm)** | |
| ☐ | I confirm that I am 18 years or over. |
| ☐ | I declare that the information contained in this application is correct to the best of my knowledge. |
| ☐ | I declare that I have served a notice of this application on each person known to me, that are required to be informed that this application has been made. |
| ☐ | I confirm that I agree to pay the 2nd part of the licence fee, upon demand by the Nottingham City Council, if the applicant fails to do so in the period provided to them. |
| ☐ | I can confirm that all future correspondence can be sent to me via the email address that was provided within this application and that this email inbox will be checked regularly. I also agree to receiving text message notifications. |
| ☐ | I 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. |
| ☐ | I understand that I commit an offence if I 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 know is false or misleading or am reckless as to whether it is false or misleading. |
| Name of proposed licence holder: ……………………………………………………………………………………………...  Name & role (if signing on behalf of a company): ……………………………………………………………………............  Signed: …………………………………………………......................................................................................................  Dated: ……………………………………………………………………………………………………………………………... | |
| ☐ | **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. We will not release your information to these other partners unless required by law. Please tick to confirm you would like to receive this information (optional).** |

\*For further information on the Housing Act 2004, please visit: [www.legislation.gov.uk](http://www.legislation.gov.uk/)

