

**HMO LICENCE
APPLICATION FORM**

HOUSING ACT 2004

**GREAT YARMOUTH
BOROUGH COUNCIL**

Environmental Health
Maltings House, Malthouse Lane
Great Yarmouth NR31 OGY
Telephone: (01493) 846478
Facsimile: (01493) 846415
Email: health@great-yarmouth.gov.uk



Office use only: Ref no:.....

PART I: LANDLORD INFORMATION – PLEASE PRINT CLEARLY

PART 1 - APPLICATION FOR HMO LICENCE

1. This application refers to (property address):

2. Name and address of Applicant

Tel: _____ email: _____

3. If the applicant is a company, partnership, or trust, please indicate which and complete the following:

3.1 Company/partnership/trust information: including Registered address or principal trading address where appropriate

Tel: _____ email: _____

3.2 Names and Addresses of all Directors/Partners/Trustees (please use separate sheet if necessary)

Tel: _____ email: _____

3.3 Name and Address of Company Secretary

Tel: _____ email: _____

3.4 Please confirm by signature of all partners/trustees an address for service:

Signed: _____ Name: _____
(Director/Partner/Trustee?)

Signed: _____ Name: _____
(Director/Partner/Trustee?)

Signed: _____ Name: _____
(Director/Partner/Trustee?)

Signed: _____ Name: _____
(Director/Partner/Trustee?)

4. PART II will need to be completed if the applicant employs a manager, or rent collector

4.1 Name and Address of manager/rent collector (please indicate)

Tel: _____ email: _____

4.2 Please attach PART II as the application is incomplete without this and cannot be processed.

5. Fit and proper person

The local authority “must have regard (among other things) to” evidence which shows that a person or any person associated or formerly associated whether personally or on a work basis with the property provided it is relevant to whether the person is fit and proper, has:

- a) Committed an offence involving:
 - Fraud
 - Dishonesty
 - Violence
 - Drugs
 - Sexual Offences Act Schedule 3.
- b) Practiced unlawful discrimination on grounds of sex, colour, race, ethnic or national origins or disability in connection with a business.
- c) Contravened any provision of Housing or Landlord and Tenant law. In particular, within the last five years been in control of any property:
 - Subject to a control order
 - Subject to proceedings by a local authority
 - Where the local authority has had to carry out works in default
 - Subject to a management order under the Housing Act 2004.Or been refused a licence or breached conditions of a licence.
- d) Acted in contravention of any Approved Code of Practice (ACoP). We may require your co-operation in obtaining CRB information in confirmation of the above. We may also approach other authorities such as the Police Authority, Fire and Rescue Service, Office of Fair Trading, etc for information and confirmation. Signing of this application will be taken as your agreement to any such action.

- 5.1 Do any of the above apply to you or anyone involved in the management of the property?
If so, please indicate which.

- 5.2 Are you a member of any landlords association or other professional body? Please indicate which.

- 5.3 Are you an accredited landlord in this or another authority? Please indicate.

5.4 Are you on the lists for any academic or other organisation/institution? Please state which and indicate by initialing your entry that we may contact them for a reference.

_____ INITIALS:

5.5 Please list any training courses you have undertaken or conferences attended in the last three years which you feel make you a better landlord.

NOTE TO APPLICANTS

Please note that it is a criminal offence to knowingly supply information which is false or misleading for the purposes of obtaining a licence. Evidence of any statements made in this application with regard to the property concerned may be required at a later date. If we subsequently discover something which is relevant and which you should have disclosed, or which has been incorrectly stated or described, your licence may be cancelled or other action taken.

DECLARATION

I/we declare that I/we have read the statement above and completed all parts of this application to the best of my/our knowledge and ability, and that it is valid as of the date below.

Signed: Date:
.....

Signed: Date:
.....

Signed: Date:
.....

Signed: Date:
.....

NOTES:

1. Please indicate which floor (basement [if any]/ground/1st/2nd/3rd etc)
2. Total of bedsits, bedrooms, living rooms (if any) on this floor (NOT kitchens and bathrooms)
3. All occupiers of this floor, including infants
- 4-8. Please indicate if facility is used exclusively by the occupier(s) of one flat or bedsit or if the occupier(s) share with tenants of another part of the property, in which case please indicate the number (No) of people sharing this facility
9. Please indicate number on each floor

Please indicate the number of occupiers for which you would like a licence _____