

Warrington Borough Council

WARRINGTON
Borough Council



Application for a licence for a House in Multiple Occupation

NB. We may also approach other authorities such as the police authority, Fire & Rescue Service, Office of Fair Trading, etc. and your tenants for additional information and verification. Signing of this application will be taken as your agreement to any such action.

If you have more than one house in multiple occupation you will need to complete a separate application form for each property.

Please fill in the form using BLOCK CAPITALS.

If you require more space to answer any question, please use the space provided in Part 12 or continue on additional sheets, specifying which question your answer relates to.

For office use only

Date received

Date passed to officer

Reference number

Fees received

Type of application (please tick appropriate box): New licence Renewal of licence

Address of house to be licensed

Registration No:

	Postcode

Is the applicant the proposed licence holder? Yes No

If **yes**, please go straight to Part 2 of the form. If **no**, please complete Part 1 of the form.

PART 1. APPLICANT DETAILS

Surname

First name(s)

Address

Postcode

Telephone numbers: Home

Work

Mobile

Fax No

Email address

Date of birth

What is your relationship to proposed licence holder: (please tick the appropriate box)

Friend Relative Agent Solicitor other (please specify)

What is your interest in the property?

You must now complete Part 2 of the form

PART 2. PROPOSED LICENCE HOLDER DETAILS

Type of proposed licence holder (*please tick the appropriate box*)

Individual Company Partnership Trustee Charity

Other (*please specify*)

Name of proposed licence holder (if a company, please give full company name)

Address

Postcode

Telephone numbers: Home

Work

Mobile

Fax No

Email address

Date of birth

Name of company secretary: (if applicable)

Name of directors / partners / trustees: (if applicable)

You must now complete Part 3 of the form

PART 3. MANAGER DETAILS

Has an agent been employed to manage the house? Yes No

If **no**, please provide the name, address and telephone number of the person who is responsible for the management of the house

Name

Telephone number

Address

Postcode

If **Yes**, please provide the agent's details

Type of Manager Individual Company Partnership Trustee Other

Name of manager (*if a company, please give full company name*)

Address (*if a company, please give registered office address*)

 Postcode

Telephone numbers: Home

Work

Mobile

Fax No

Email address

Date of birth

Is the manager a member of a regulated body? Yes No

If **yes**, please state which regulated body

You must now complete Part 4 of the form

PART 4. OWNERSHIP DETAILS OF THE HOUSE TO BE LICENSED

Please provide the following details of ownership and interests in the house to be licensed. Where the interested party is a company, please give their registered address.

4.1 Name freeholder(s)

Address of freeholder

 Postcode

Email

Telephone

4.2 Name mortgagee in possession

eg. Bank, building society or other who has a loan secured against the property.

Address of mortgagee

 Postcode

Email

Telephone

4.3 Name of leaseholder(s) (*if none, state none*). Please continue on an additional sheet if necessary.

Address of leaseholder(s) (a)

Postcode

Address of leaseholder(s) (b)

Postcode

Email

Telephone

4.4 Name of person who collects the rent

Address of person who collects the rent

Postcode

Email

Telephone

4.5 Name of person who ultimately receives the rent

Address of person who ultimately receives the rent

Postcode

Email

Telephone

4.6 Name of any other person who may be bound by a condition of the proposed licence and who is not referred to in Parts 1, 2 and 3 of the form:

Address of person bound by a condition

Postcode

Email

Telephone

You must now complete Part 5 of the form

PART 5. PROPERTY INFORMATION

5.1 When was the house built? *(please tick appropriate box)*

- Pre 1919 1919 to 1944 1945 to 1964
 1965 to 1980 Post 1980

5.2 Please tick all of the floors the premises has:

- basement storage basement residential basement commercial
 ground floor first floor second floor
 third floor fourth floor fifth floor and above

5.3 Description of the house *(please tick appropriate box)*

- detached semi-detached terraced
 end of terrace purpose built block of flats flat in converted house
 mixed residential and commercial house converted into self-contained flats
 Other *(please specify)*

5.4 Type of HMO *(please tick appropriate box)*

- shared house hostel self contained flats
 shared flat a mix of self-contained units and shared accommodation
 bedsits with shared facilities bedsits (self contained)
 Other *(please specify)*

5.5 If the accommodation is within a converted house, was the conversion done in accordance with the relevant building regulations in force at the time? Yes No

If **Yes**, what year was the conversion carried out? Date

Please provide the relevant Building Control completion certificate for the conversion

PART 6. OCCUPIER INFORMATION

6.1 How many individuals are intended to live at the house?

6.2 How many households are intended to live in the house?

6.3 How many separate lettings are available in the house?

6.4 Are any of the people listed in Parts 1, 2 and 3 of the form living in the house? *(please tick appropriate box)* Yes No

If **yes**, please state their names:

6.5 Please list (overleaf) every room on every floor of the house

- Please start from the bottom of the house and work upwards
- Please include all occupiers, including children occupying the lettings

PART 7. FIRE SAFETY

7.1 Does the property have a system of fire detection? Yes No

If **yes**, does the system include:

- a fire alarm control panel Yes No
- heat detector(s) in the kitchens Yes No
- mains wired smoke detectors in rooms, and common parts Yes No
- battery smoke detectors in rooms and common parts Yes No
- sounders / alarms on all levels Yes No
- break glass call points in the communal areas Yes No
- sprinkler systems Yes No

If **yes**, has the fire alarm been tested in accordance with BS5839
(please provide a copy of a current certificate of testing showing
compliance to BS5839) Yes No

Is there a log book of inspection / testing Yes No

If **yes**, what is the date of the last entry?

Name the person responsible for maintaining
the alarm system

Please state the location of the log book (if applicable)

7.2 Does the property have an emergency lighting system? Yes No

If **yes**, has the system been tested in accordance with
BS5266: Part 1: 1988? (If yes, please provide a copy of
the most recent periodic inspection and test certificate) Yes No

7.3 Are the doors that open on to the communal areas fire doors
capable of 30 minutes fire resistance? Yes No

If **yes**, are they fitted with self-closers? Yes No

7.4 Is the following fire safety equipment provided? Yes No

- fire blankets in all kitchens? Yes No
- fire blankets in shared kitchens only? Yes No
- fire extinguishers? Yes No

If **yes**, how many, what size, type and where located?

Has the fire safety equipment been serviced in the last 12 months Yes No

7.5 Does each tenant have clear written instructions on what to do in
the event of a fire? Yes No

7.6 Are the tenants provided with upholstered furniture? Yes No

If **yes**, does it all comply with the Furnishings (Fire Safety)
Amendment Regulations 1993? Yes No

You must now complete Part 8 of the form

PART 8. PROPERTY MANAGEMENT

- 8.1** Is there, displayed in a suitable position within the house, a notice giving the name, address and telephone number of the person managing the house? Yes No
- 8.2** How many gas appliances are there in the house?
- Does a Gas Safe registered contractor carry out safety checks for any gas appliances in the property? Yes No
 N/A
- Please provide copies of the latest gas safety certificates.
- How many copies of the latest gas safety certificates are enclosed?
- 8.3** Are all electrical appliances provided in a good safe condition? Yes No
- 8.4** Is the electrical installation in a safe condition? Yes No
- What is the date of the most recent periodic electrical inspection Certificate? (*please enclose copy with this application*)
- 8.5** Is there a plan in place for general maintenance? Yes No
- Does this include:
- | | | | |
|-------------------|--|-----------|--|
| Structural repair | <input type="checkbox"/> Yes <input type="checkbox"/> No | Amenities | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Equipment | <input type="checkbox"/> Yes <input type="checkbox"/> No | Furniture | <input type="checkbox"/> Yes <input type="checkbox"/> No |
- 8.6** Are there adequate financial arrangements in place to allow for repairs works to be carried out at the property? Yes No
- 8.7** Are the rooms, common areas and amenities in:
- good repair? Yes No
 - good decorative state? Yes No
 - a clean condition? Yes No
- 8.8** Are arrangements in place for the regular cleaning of common parts? Yes No
If **yes**, how often are the common parts cleaned and by who?
- 8.9** Are all of the staircases, passageways, corridors, halls, lobbies, balconies and entrances in common use free from obstruction? Yes No
- 8.10** Is the residents' living accommodation in a good state of repair? Yes No
- 8.11** Are all the windows:
- in a good state of repair? Yes No
 - openable? Yes No
 - double glazed? Yes No Some

8.12 What form of heating does the property have?Gas fired central heating? Yes NoOff peak night storage heaters? Yes NoIndividual wall mounted gas heaters? Yes NoIndividual wall mounted electric heaters? Yes No

Other (please specify)

Is the loft insulated? Yes NoIf there are cavity walls, do you have cavity wall insulation? Yes No**8.13** Is the property free from all pests and vermin? Yes NoIf **no**, please provide the details of the pest control contractor responsible for treating the infestation.**You must now complete Part 9 of the form****PART 9. TENANCY MANAGEMENT****9.1** Are the tenants provided with written details of the terms of their tenancy? Yes No**9.2** Is an inventory and schedule of condition prepared at commencement of each occupancy? Yes No**9.3** Are rent books provided? Yes No

If rent books are not provided, are the tenants given receipts / rent statements?

 Yes No**9.4** Does the tenancy agreement include conditions about antisocial behaviour? Yes No Yes No**9.5** Is there an emergency 24 hour contact telephone number that be used by the tenants in relation to the property?If **yes**, please provide the number:**9.6** Are tenants required to provide deposits at the commencement of their tenancy? Yes NoIf **yes**, is there a written procedure to deal with deposit disputes at the end of a tenancy? Yes No

PART 10. RELEVANT INFORMATION

10.1 Subject to the provisions of the Rehabilitation of Offenders Act 1974, please state the particulars of any relevant issues (*see following page*) recorded against any person named in Parts 1, 2, 3 and/or 4 or any person associated or formerly associated on a personal or work basis with those named in Parts 1, 2, 3 and/or 4. (*continue on a separate sheet if necessary*).

Relevant issues include:

- i) Criminal offences involving:
 Fraud, Dishonesty, Violence, Drugs, Schedule 3 of the Sexual Offences Act 2003
- ii) Practiced unlawful discrimination of grounds of sex, colour, race ethnic or national origins or disability in connection with a business.
- iii) Contravened any provision of housing or landlord & tenant law.
 These include but are not limited to:
 - a. A Control Order under the Housing Act 1985
 - b. Proceedings by a local authority
 - c. The local authority carrying out Works in Default
 - d. A Management Order under the Housing Act 2004
 - e. Harassment or illegal eviction
- iv) Acted in contravention of any Approved Code of Practice (ACoP)
- v) Any criminal offence or subject to any other proceedings brought by a local authority or other Regulatory Body (for example breaches of the Environmental Protection Act 1990, planning control or compulsory purchase proceedings or fire safety requirements)?

Name	Date	Court	Offence	Sentence

The Council reserves the right to carry out or make such enquires into the fitness propriety of the licence holder, manager or any other person involved in managing the property as it considers appropriate. This information may be shared with other local housing authorities.

10.2 Has any person named in Parts 1, 2, 3 and / or 4 of this form previously held or do they currently hold a licence for another house in multiple occupation? Yes No

If **yes**, please provide the addresses of these properties, along with details of the authorities that issued the licence.

Postcode

Postcode

10.3 Has any person named in Parts 1, 2, 3 and / or 4 of this form ever applied for and been refused a house in multiple occupation licence? Yes No

If **yes**, which authority refused the license?

When was it refused?

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10.4 Has any person named in Parts 1,2, 3 and / or 4 of this form ever breached any condition of a licence issued under Parts 2 and / or 3 of the Housing Act 2004? Yes No

If **yes**, please provide details of the licence condition(s) breached and the local authority in which they were breached.

You must now complete Part 11 of the form

PART 11. ADDITIONAL INFORMATION

11.1 Is the proposed licence holder a member of any landlords' association or other professional body? Yes No

If **yes**, please indicate which:

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11.2 Please list in the space below any training courses you have undertaken or conferences attended, in the last three years, which have contributed towards your development as a Landlord:

12. FURTHER INFORMATION

Please use this space if you need more room for any of your answers or for any additional information you think may be relevant to the application.

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.

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.

Name of applicant

Date

Signature

Name of proposed licence holder (if different to applicant)

Date

Signature

Name of manager

Date

Signature

Name (if different to applicant)

Date

Signature

Name (if different to applicant)

Date

Signature

CHECKLIST FOR SUBMITTING AN APPLICATION

Please enclose the following:

- A sketch plan for the property detailing the layout and position of each room (*minimum A4 size*) (*example overleaf*)
- A current Electrical Inspection Report from a competent electrician (*Periodic Inspection*)
- A Gas Safe certificate(s) for gas appliances (*if applicable*)
- BS5839 test reports relating to the fire detection system (*if applicable*)
- BS5266 test reports relating to the emergency lighting system (*if applicable*)
- Recent Portable Electrical Equipment test reports
- Licence Fee. Cheques shall be made payable to "Warrington Borough Council"

You must submit these documents with your application in any event.

The Council may require you to submit, or you may wish to submit, other documents (for example, copies of planning permissions, building regulations approvals, tenancy or licence agreements, certified accounts (*or summaries*) in support of your application.

Please send completed application forms, payment and copies of any necessary documentation to:

housingplus

Private Sector Housing
The Gateway
85 - 101 Sankey Street
Warrington
WA1 1SR

Should you require assistance in completing this form please contact:
Private Sector Housing on 01925 248483 / 248487

Please attach a sketch plan, with measurements, showing the location and size of each room in the property. This 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.

EXAMPLE GROUND FLOOR PLAN
Address: 123 High Street, Warrington

