Warrington Borough Council

Application for a licence for a House in Multiple Occupation

For office use only
Date received

Date passed to officer

Reference number

Fees received

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 your 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.

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

Postcode

Is the applicant the proposed licence holder? ☐ Yes ☐ No

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 6. OCCUPIER INFORMATION

											Floor *(Ground, First, Cellar etc)*
											Room Location *(front left, rear etc refer to plan)*
											Room Use *(e.g living/bed)*
											Area *(m^2 or ft^2)*
											Shared Room *(Y / N)*
											Room Heated *(Y / N)*
											Adults **Occupant Numbers** Children
											Cooking Facility *(specify eg. Cooker / microwave etc)*
											Food cupboards and worktops adequate for number of occupants *(Y / N)*
											Fridge with freezer compartment
											Fire Blanket and Fire extinguisher in kitchen *(Y / N)*
											Extractor fan in kitchen *(Y / N)*
											Extraction in bathroom *(Y / N)*
											Number of sinks in kitchen *(with hot & cold water)*
											Number of electrical sockets / outlets
											Bath / shower *(specify) (with hot & cold water)*
											Wash hand basin *(Y / N)*
											WC & assoc wash hand basin
											Furnished / unfurnished *(F / U)*
											Type of fire detector eg. Smoke / heat / not known / none
											½ hour fire Door Provided *(Y / N)*

You must now complete Part 7 of the form

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?

- 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 ☐ Yes ☐ No Amenities ☐ Yes ☐ No
Equipment ☐ Yes ☐ No Furniture ☐ Yes ☐ 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

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, Violen[illegible]

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

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?

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:

☐ ☐

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.

PART 13. DECLARATION

As the applicant, 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 3 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*);
- 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 email address or fax number (*if any*);
- The name, address, telephone number and email address or fax number (*if any*) of the proposed licence holder (*if it will not be you*);
- Whether this application for an HMO licence under Part 2 or for a house licence under Part 3 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;
- The date the application was submitted.

I/we declare that I / we have served a notice of this application on the following persons who are the only persons known to me / us that are required to be information that I / we have made this application.

Name

Date

Address

Postcode

Description of the person's interest in the property or the application

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

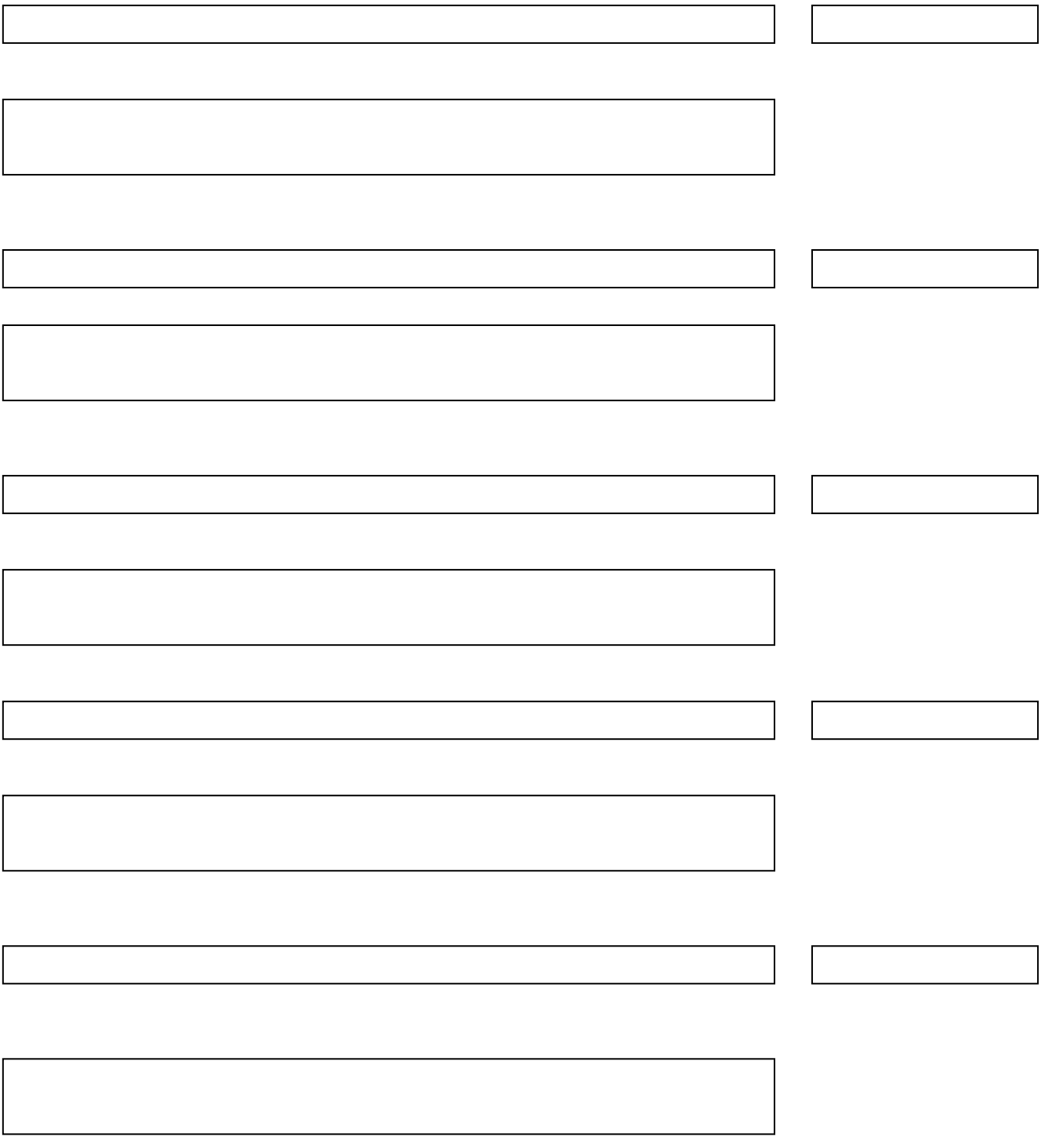
Signature

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" or by Bank Transfer (details on request) ☐

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:
Housing Standards and Assistance, Warrington Borough Council, East Annexe, Town Hall, Sankey Street, Warrington, WA1 1UH

Should you require assistance please contact Housing Standards & Assistance on 01925 443888

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 <u>each</u> 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