

1.4 Age of property: (Please tick one box).

Pre 1919	<input type="checkbox"/>	1946 – 1964	<input type="checkbox"/>	Post 1980	<input type="checkbox"/>
1919 – 1945	<input type="checkbox"/>	1965 – 1980	<input type="checkbox"/>		

1.5 Form of structure: (Please tick one box).

Detached	<input type="checkbox"/>	Semi detached	<input type="checkbox"/>	Terraced	<input type="checkbox"/>	Residential block	<input type="checkbox"/>
End terrace	<input type="checkbox"/>	Back to back terrace	<input type="checkbox"/>	Grouped Design	<input type="checkbox"/>		

Self contained flats: (Please state number).

Number of self-contained flats	<input type="text"/>	Number of non self contained flats	<input type="text"/>
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1.6 Details of Floors in property:

	Does the property contain the following floors?	Is the floor or part of floor available for residential use	Give a brief description of the use of any <u>non-residential</u> areas (e.g.: storage areas, commercial use)
Basement	<input type="text" value="Yes / No"/>	<input type="text" value="Yes / No"/>	<div style="border: 1px solid black; height: 250px; width: 100%;"></div>
Ground Floor	<input type="text" value="Yes / No"/>	<input type="text" value="Yes / No"/>	
1 st Upper Floor	<input type="text" value="Yes / No"/>	<input type="text" value="Yes / No"/>	
2 nd Upper Floor	<input type="text" value="Yes / No"/>	<input type="text" value="Yes / No"/>	
3 rd Upper Floor	<input type="text" value="Yes / No"/>	<input type="text" value="Yes / No"/>	
4 th Upper Floor	<input type="text" value="Yes / No"/>	<input type="text" value="Yes / No"/>	
5 th Upper Floor	<input type="text" value="Yes / No"/>	<input type="text" value="Yes / No"/>	
Attic or loft area	<input type="text" value="Yes / No"/>	<input type="text" value="Yes / No"/>	

1.7 Details of internal fixtures in property: (See Application Guidelines for further explanation).

Total number of separate letting units:	<input type="text"/>	
Total number of habitable rooms:	<input type="text"/>	
Total number of sleeping rooms:	<input type="text"/>	
Total number of bathrooms/shower rooms:	Shared <input type="text"/>	En-Suite <input type="text"/>
Total number of toilets: <small>toilets should only be counted if there is a wash hand basin sited in the same room</small>	Shared <input type="text"/>	En-Suite <input type="text"/>
Total number of wash hand basins:	Shared <input type="text"/>	En-Suite <input type="text"/>
Total number of sinks (not including wash hand basins):	Shared <input type="text"/>	Within let <input type="text"/>
Total number of kitchens (including kitchens with double facilities):	Shared <input type="text"/>	Within let <input type="text"/>
Total number of households occupying the property:	<input type="text"/>	
Total number of people occupying the property:	<input type="text"/>	

1.8 Is there a system of automatic fire detection and alarms incorporating?

- smoke detectors?
- heat detectors?
- a fire alarm panel?
- sounder alarms?
- Does the system comply with BS5839 Part 1?
- Date the system was installed?
- Date of last inspection? *(Certificate to be enclosed with application)*
- Who inspected the system?
(Please give name and address of contractor) _____

Postcode

1.9 Emergency lighting:

Is there an emergency lighting system installed in the common areas, staircase, and landings?

- Date the system was installed?
- Does the system comply with BS5266?
- Date of last inspection? *(Certificate to be enclosed with application)*
- Who inspected the system?
(Please give name and address of contractor) _____

Postcode

1.10 Main escape route:

Is the main escape route:

- protected by self-closing fire resisting doors?
- clear of flammable material and other obstructions?
- is there a Fire Safety Log book of inspection / tests?

1.11 Gas installation and appliances:

Do you provide gas installations/appliances to any part of the property?

Yes / No

- Details of a valid gas safety inspection certificate for all installations and appliances from a Gas Safe registered fitter.
(Certificate must be valid within previous 12 months)

Gas Safe
Registration
Number

- Date of last inspection? *(Certificate to be enclosed with application)*

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- Who inspected the system?

(Please give name and address of contractor)

Postcode

1.12 Electrical installations and fittings - including fire alarm and emergency lighting installations:

- Details of a valid periodic electrical safety inspection certificate
(Certificate to be enclosed with application)

Certificate
Number

- Who undertook the last inspection?

(Please give name and address of contractor)

Postcode

1.13 Portable Electrical Appliances: eg: kettle, vacuum cleaner.

Do you provide portable electrical appliances to any part of the property?

Yes / No

- Details of a valid electrical safety inspection certificate for all appliances *(Certificate to be enclosed with application)*

Certificate
Number

- Who undertook the last inspection?

(Please give name and address of contractor)

Postcode

1.14 Furniture and Soft Furnishings:

Do you provide furniture/soft furnishings to any part of the property?

Yes / No

If YES – are the furniture/soft furnishings in good and safe condition?

Yes / No

Note: Upholstered articles such as beds, sofas, armchairs etc must conform to current Fire Safety Regulations.
(Please see application form guidelines for further information).

PART 2 - DETAILS ABOUT THE APPLICANT(S) AND MANAGER(S):

2.1 Details of the proposed licence holder:

Full Name: _____

Maiden Name: (If applicable) _____

Date of Birth:

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Place of Birth _____

Address: _____

Postcode: _____ **Tel No:** _____

E-mail: _____

2.2 Basic Disclosure and Barring Service Check – proposed licence holder:

The proposed Licence Holder will be subject to a basic criminal record check from the Disclosure and Barring Service. The proposed Licence Holder will need to complete an online Basic Disclosure and Barring Service application.

Note: This declaration **must** be completed by the proposed Licence Holder.

"I am the proposed Licence Holder and hereby consent to be subject to a Basic Disclosure and Barring Service check. I will complete an application for a Basic Disclosure and Barring Service check and agree to the information received as a result of the check being used by the Council in the licence decision making process".

Proposed Licence Holder: (print full name). _____

Signature: _____ **Date:**

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2.3 Details of person completing application form.

(If this is the person named in Section 2.1 & 2.2 – please write 'PROPOSED LICENCE HOLDER')

Name: _____

Address: _____

Postcode: _____

Tel. No: _____

E-mail: _____

2.4 Details of person managing the house:
(If this is the person named in Section 2.1 & 2.2 – please write 'PROPOSED LICENCE HOLDER')

Full Name: _____

Address: _____

Postcode: _____ **Tel No:** _____

E-mail: _____

2.5 Details of person controlling the house:
(If this is the person named in Section 2.1 & 2.2 – please write 'PROPOSED LICENCE HOLDER')

Full Name: _____

Address: _____

Postcode: _____ **Tel No:** _____

E-mail: _____

2.6 Details of any other person(s) who has agreed to be bound by conditions contained in the licence:
(Use additional sheet if necessary or if this section does not apply– please write 'NONE')

Full Name: _____

Address: _____

Postcode: _____ **Tel No:** _____

E-mail: _____

2.7 Details of any other properties that are already licensed under Parts 2 or 3 of the Act by the Proposed Licence Holder i.e. mandatory licensed HMO's or selectively licensed properties:
(Use additional sheet if necessary or if this section does not apply– please write 'NONE')

Postal address of property: _____

_____ **Postcode:** _____

Postal address of property: _____

_____ **Postcode:** _____

2.8 If any of the applicants are a company, partnership, or trust, please indicate which and complete the following:
(Use additional sheet if necessary or if this section does not apply– please write 'NONE')

2.8(a) Company / partnership / trust information: including registered address or principal trading address where appropriate:
(Delete as appropriate)

Tel: _____ E-mail: _____

2.8(b) Names and Addresses of all directors/partners/trustees: (please use separate sheet if necessary)

Tel: _____ E-mail: _____

2.8(c) Name and address of company secretary:

Tel: _____ E-mail: _____

2.9 Please confirm by signature all partners or the trustees contact address for the company: (please use separate sheet if necessary)

Address: _____

Postcode: _____ Tel: _____

Fax: _____ E-mail address: _____

Signed: _____ Name: _____

<i>Delete as appropriate</i>		
Director	Partner	Trustee

Signed: _____ Name: _____

Director	Partner	Trustee
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Signed: _____ Name: _____

Director	Partner	Trustee
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PART 3 – NOTIFICATION OF APPLICATION:

IMPORTANT INFORMATION ABOUT YOUR OBLIGATIONS TO LET OTHERS KNOW YOU HAVE MADE THIS APPLICATION

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:

1. Any mortgagee of the property
2. Any owner of the property to which the application relates (if that is not you) i.e. the freeholder and any head lessees who are known to you
3. 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)
4. The proposed licence holder (if that is not you)
5. The proposed managing agent (if any) (if that is not you)
6. Any person who has agreed that he will be bound by any condition or conditions in a licence if it is granted

You must tell each of these persons:-

1. Your name, address, telephone number and e-mail address
2. The name, address, telephone number and e-mail address of the proposed licence holder (if it will not be you)
3. Whether this is an application under Part 2 or Part 3 of the Housing Act 2004 i.e. selective licensing or mandatory HMO licensing
4. The address of the property to which it relates
5. The name and address of the local housing authority to which the application will be made
6. The date the application will be submitted

Please complete the declaration below:

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 informed that I/we have made this application.
(See Application Guidelines for further explanation and example of notices).

Full Name	Contact Address	Description of person's interest in the property and/or application	Date notice served

PART 4 – DECLARATION:

I/we understand that public funds must be protected and so the information I/we have provided on this form may be used to prevent and detect fraud. I/we also understand that the information may be shared, for the same purposes, with other organisations that handle public funds. 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 knowingly 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 I/we are reckless as to whether it is false or misleading. I understand and accept that if I/we withhold information or provide false or misleading information this may result in my application being rejected.

To be completed by all applicants

Print full name: _____

Signature: _____ **Date:**

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Print full name; _____

Signature: _____ **Date:**

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Print full name: _____

Signature: _____ **Date:**

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Print full name: _____

Signature: _____ **Date:**

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**GENERAL DATA PROTECTION REGULATION 2016 AND THE DATA PROTECTION ACT 2018
YOUR PERSONAL DATA**

Rossendale Borough Council respects your personal information and undertakes to comply with the current UK Data Protection legislation. The personal data you have provided will be used to process the application in terms of the Housing Act 2004. Your data may be disclosed to the Police, Fire Service and other Council Departments involved in the processing of the application and elected members when considering the application. The data (with the exception of details of any convictions) will also be kept in a register, which is open to public inspection. Rossendale is a registered Data Controller.

Equal Opportunities Monitoring

The **Council** is committed to providing equality of opportunity and eliminating discrimination for all sections of our community. We aim to treat all applicants fairly and without bias. For this reason we need to monitor the application process. To assist in the implementation and monitoring of our equal opportunities policy, the proposed Licence Holder is asked to provide the following information below. The information you provide will be treated in the strictest confidence.

To be completed by the proposed Licence Holder

Ethnic Origin

Ethnic origin questions are not about nationality, place of birth or citizenship. They are about colour and broad ethnic group. UK citizens can belong to any of the groups indicated below. Would you describe your ethnic origin as:

WHITE

British

Irish

Any other White background - please write below

MIXED

White and Black Caribbean

White and Black African

White and Asian

Any other Mixed background - please write below

ASIAN or ASIAN BRITISH

Indian

Pakistani

Bangladeshi

Kashmiri

Any other Asian background - please write details below

BLACK or BLACK BRITISH

Caribbean

African

Any other Black background - please write below

CHINESE or Other ethnic background

Chinese

Any other ethnic background - please write below

Please return completed form with your application