

Email address

Date of birth

Contact numbers:

Home

Work

Mobile

Fax

Part 2 Proposed licence holder details (note 2)

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

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

Postcode

Name of company secretary (if applicable)

Name of directors/partners/trustees (if applicable)

Email address

Date of birth

Contact numbers:

Home

Work

Mobile

Fax

2.2 Does the proposed licence holder have the powers necessary to manage the property including to:

- | | | |
|-------------------------------------|------------------------------|-----------------------------|
| Grant and terminate tenancies | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Access all parts of the premises | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Authorise any necessary expenditure | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If **no**, state who has these powers

2.3 Explain why you think the proposed licence holder is the appropriate person to hold the licence

Part 3 Manager details (note 3)

3.1 Has an agent or individual been employed to manage the property? Yes No

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

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

Postcode

Email address

Date of birth

Contact numbers:

Home

Work

Mobile

Fax

Part 4 Ownership and control (note 4)

4.1 Freeholder details

Surname (if a company, please give full company name)

Forename(s)

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

Postcode

Email address

Telephone number(s)

4.2 Mortgagee details e.g. bank, building society or other who has a loan secured against the property (if none, state none; if a company, please give registered office address)

Email address

Telephone number(s)

4.3 Leaseholder(s) details (if none, state none)

Leaseholder 1:

Surname (if a company, please give full company name)

Forename(s)

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

Postcode

Email address

Telephone number(s)

Leaseholder 2:

Surname (if a company, please give full company name)

Forename(s)

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

Postcode

Email address

Telephone number(s)

4.4 Details of person who collects the rent

Surname (if a company, please give full company name)

Forename(s)

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

Postcode

Email address

Telephone number(s)

4.5 Details of person who receives the rent

Surname (if a company, please give full company name)

Forename(s)

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

Postcode

Email address

Telephone number(s)

4.6 Details of any other person who may be bound by a condition of the proposed licence and not referred to so far in Parts 1, 2, 3 or 4 of the form (if none, state none)

Surname (if a company, please give full company name)

Forename(s)

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

Postcode

Email address

Telephone number(s)

Part 5 Plan of property (note 5)

Please provide a sketch plan of the property on a separate sheet of paper.
Use the key provided in the example plan to show the following details:

- Every room on every floor of the property (i.e. living room, dining room, kitchen and bedroom).
- All the facilities and amenities in the property (i.e. bathrooms, shower rooms, toilets, wash hand basins and sinks).
- Fire precautions in the property.
- Any part of the property that is not used for residential purposes, this includes commercial and storage areas.
- Hallways, stairs and lobbies.

Part 6 Amenities and occupiers (note 6)

Amenities		Total	Shared	State which lettings share the amenities
e.g	Number of shower/bath facilities	4	2	Rooms 3, 5, 6
6.1	Number of shower/bath facilities			
6.2	Number of toilets			
6.3	Number of toilets in separate compartments			
6.4	Number of wash hand basins			
6.5	Number of kitchens			
6.6	Number of kitchen sinks			

6.7 How many separate lettings, in total does the property have?

6.8 How many separate lettings are occupied?

6.9 How many individuals live at the property?

6.10 How many households live at the property?

6.11 Are any of the people listed in Part 1, 2, 3 and 4 living at the property?

Yes

No

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

Part 7 Property and Occupier information (note 7)

Please complete the table below ensuring that the details you provide correspond with those on your sketch plan. You may find it helpful to draw your floor plan before completing the section.

Please list every habitable room on every floor of the house:

- Start from the bottom of the property and work upwards
- Include all occupiers, including children and babies
- Continue on a separate sheet if necessary

Location of the letting (when looking at the property from the front at street level)		Letting name	Description	Floor area (m ²)
e.g	Ground floor front right room	Room 4	Bedsit (incl. kitchenette)	15m ²
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				

Part 8 Property information (note 8)

8.1 When was the property built? (please tick the appropriate box)

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

8.2 Property type (please tick the appropriate box)

- House in single occupation House in multiple occupation
 Flat in single occupation Flat in multiple occupation
 A house converted only into self-contained flats A purpose built block of flats
 Mixed residential and commercial

Other (please specify)

8.3 Description of occupation (please tick the appropriate boxes)

- Bedsits Studios
 Flats in multiple occupation Hostels, vocational, student and staff accommodation
 Shared house Self-contained single household unit

Other (please specify)

8.4 Please tick all the floors the property has

- Basement residential Basement storage
 Basement unused Ground floor
 First floor Second floor
 Third floor Fourth floor
 Fifth floor Sixth floor
 Over six floors

Please specify which floors are used for commercial purposes (if none, state none)

Part 9 Fire safety (note 9)

9.1 Has a fire risk assessment of the property been undertaken?

Yes

No

9.2 Is the fire precautions equipment serviced and inspected by a competent person at regular intervals?

Yes

No

If **yes**, provide details of the competent person and frequency of servicing

9.3 Please provide details of fire training provided to occupants

Part 10 Property management (note 10)

10.1 Is a notice giving the name and telephone number of the manager displayed in a suitable location?

Yes No

10.2 Please specify how the property is heated

Gas central heating Electric central heating
 Storage heaters None (please go to 10.3)

If a mixture of the above or other, please specify

Please specify which rooms and areas are not heated, this includes bathrooms, toilets and common parts

10.3 Please list the type, number and location of gas appliances in your property
(for example 1 x boiler 2nd floor rear room)

10.4 Is there a current Gas Safety Certificate for all appliances? Yes No

10.5 Is there a maintenance programme in place? Yes No

10.6 Is there a cleaning programme in place? Yes No

10.7 Is there a portable appliance testing programme in place? Yes No

10.8 Is there a current Electrical Installation Condition Report? Yes No

10.9 Is all furniture compliant with the Furniture and Furnishing (Fire) (Safety) Regulations 1988 (as amended)? Yes No

Part 11 Tenancy management (note 11)

- 11.1** Are any of the tenants ‘regulated tenants’? Yes No
- 11.2** Are occupants given a tenancy agreement (or other written statement of terms of occupancy)? Yes No (please go to 11.5)
- 11.3** Does the written statement of terms include any clauses relating to anti-social behaviour? Yes No
- 11.4** Does the written statement of terms include guidelines on procedures for occupants to report necessary repairs and make complaints about the property? Yes No
- 11.5** Are rent books provided? Yes (please go to 11.7) No
If **no**, are the occupants given receipts/rent statements? Yes No
- 11.6** Are the occupants given an emergency 24 hour contact number? Yes No
If **yes**, please provide the number
- 11.7** Is the proposed licence holder or manager registered with a government approved scheme that protects tenants’ deposits? Yes No
- 11.8** Is a deposit required at the start of a new tenancy? Yes No (please go to part 12)
- 11.9** Are the terms of the tenancy deposit clearly set out in writing? Yes No

Part 12 Relevant information (note 12)

12.1 Subject to the provisions of the Rehabilitation of Offenders Act 1974, please state the particulars of any relevant issues (see below) recorded against any person named in Parts 1, 2, 3 or 4 or any person associated or formerly associated on a personal or work/business basis. e.g. a business partner of those named in Parts 1, 2, 3 or 4 (continue on a separate sheet if necessary).

If not applicable please write 'NONE'.

Name	Date	Court	Offence	Sentence

Relevant issues include:

- i. Criminal offences involving: Fraud, Dishonesty, Violence, Drugs, or any offence listed in Schedule 3 of the Sexual Offences Act 2003 (c.42 offences attracting notification requirements).
- ii. Practised unlawful discrimination on grounds of sex, colour, race, ethnic or national origins or disability in, or in connection with, the carrying on of any business.
- iii. Contravened any provision of housing or landlord and tenant law. These include but are not limited to:
 - a. Proceedings by a local authority.
 - b. A Management Order under the Housing Act 2004.
 - c. Harassment or illegal eviction.
- iv. Contravened any Approved Code of Practice (ACoP) under Section 233 of the Housing Act 2004.
- 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).

12.2 Has any person named in Parts 1, 2, 3 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 and details of the local authorities that issued the licence (continue on a separate sheet if necessary).

Address of HMO	Name of local authority

12.3 Has any person named in Parts 1, 2, 3 or 4 of this form ever applied for and been refused a licence for a house in multiple occupation?

Yes

No

If **yes**, which local authority refused to grant a licence?

When was it refused?

12.4 Has any person named in Parts 1, 2, 3 or 4 of this form ever breached any condition of a licence issued under Parts 2 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.

Details	Name of local authority

Part 13 Additional information (note 13)

13.1 Is the proposed licence holder a member of a landlords' association, accreditation scheme or other professional body?

Yes

No

If **yes**, please indicate which

13.2 Please list in the space below any training courses undertaken or conferences attended by the proposed licence holder in the last three years, which support this application

13.3 Is the proposed manager a member of a landlords' association, accreditation scheme or other professional body?

Yes

No

If **yes**, please indicate which

13.4 Please list in the space below any training courses undertaken or conferences attended by the proposed manager in the last three years, which support this application

Part 14 Declaration (note 14)

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 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 as a statutory tenant or other tenant whose lease or tenancy is for less than three years (including a periodic tenancy)
- The proposed licence holder (if that is not you)
- The proposed manager (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 is an application for a 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 will be 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 informed that I/we have made this application.

Name	Address	Date of service	Description of the persons interest in the property or application

Note to applicants: 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 this property may be required at a later date.

We may approach other departments in the Council or other authorities such as the Police, Fire and Rescue Service, Office of Fair Trading etc. and tenants for additional information and verification. The signing of this application will be taken as your agreement to any such action.

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 revoked or further action taken.

If this is a new application please tick the box below.

- 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.

If this is a renewal please tick the appropriate box below.

I/We declare that the house in respect of which a licence is sought under Part 2 of the Housing Act 2004 is subject to a licence under that Part at the time this application is made. I/we further declare that to the best of my/our knowledge either:

- (a) None of the information described in paragraph 2 (c) to (g) of Schedule 2 of The Licensing and Management of Houses in Multiple Occupation and Other Houses (Miscellaneous Provisions) (England) Regulations 2018, and previously submitted to the authority has materially changed since the previous licence was granted; or
- (b) the only material changes to that information are described as follows (include description of all material changes):

Name of applicant

Date

Signature

Name of proposed licence holder

Date

Signature

Name of proposed licence holder

Date

Signature

Name of manager

Date

Signature

Required documentation

Please note your licence application will not be processed unless we have received a copy of all documentation below.

- 1 Current Electrical Installation Condition Report from a competent electrician (BS 7671 as amended)
- 2 Current Gas Safety Certificate(s) from a Gas Safe Registered approved gas engineer
- 3 Current Test Certificate for the fire alarm system (BS 5839 as amended)
- 4 Current Test Certificate for the emergency lighting (BS 5266 as amended)
- 5 A current sketch plan of your property (please use the key provided in Appendix 1 of the notes)

The Council may require you to submit other documents to support your application e.g. tenancy agreements.

Please note the information you have supplied will be used in the Public Register for Licensed Houses in Multiple Occupation.

The Council may contact you to advise you of local schemes or incentives that either you or your tenants may benefit from e.g. grant funding for certain works. If you do not wish to receive this information please tick the box.

Please return this application form and all documentation to:

HMO Licensing Team
Environmental Health
Royal Borough of Kensington and Chelsea
Council Offices
37 Pembroke Road
London W8 6PW

Email: EH-OSU@rbkc.gov.uk

Notes

