

## HOUSING (SCOTLAND) ACT 2006 Application for the Grant of Licence for a House in Multiple Occupation

*For office use only*

<b>First or further application</b>	
<b>Ref No</b>	
<b>Date Registered</b>	
<b>Fee / Receipt no</b>	

Answer question 1 followed by **either** question 2 **or** question 3 and all other questions

<p><b>1. Name (if any) and address of premises for which a licence is required (hereinafter called “the premises”).</b></p>	<p>Post Code: _____</p>		
<b>2. TO BE COMPLETED IF APPLICANT IS AN INDIVIDUAL</b>			
<p>a) Full Name (<i>block letters</i>) <b>(NB: The applicant must be the owner of the building and details of all owners to be provided)</b></p>	Surname	Christian Name(s)	
<p>b) Home Address/Postcode</p>			
<p>c) Email address</p>			
<p>d) Telephone Number / Mobile</p>			
<p>e) Age, Date &amp; Place of Birth</p>	Age	Date of Birth	Place of Birth
<p>f) Is applicant to carry out day to day supervision of the Premises to be licensed?</p> <p style="margin-left: 20px;">YES <input type="checkbox"/>                      NO <input type="checkbox"/></p> <p style="margin-left: 20px;">If not, give full name &amp; address, date of birth and place of birth of any employee or agent so engaged.</p>			
<p>g) Landlord Registration number for Agent</p>	<p>-----/-----/-----</p>		

3. TO BE COMPLETED IF APPLICANT IS A COMPANY OR PARTNERSHIP		
a) Full Name of Company or Partnership		
b) Address of Principal or Registered Office		
c) Telephone Number		
d) Email address		
e) Full names, addresses, dates & places of birth of company directors, partners or other persons responsible for management of the company (use separate sheet if required)		
f) Full name, address, place and date of birth of the director or employee responsible for the day to day supervision of the premises to be licensed		
4. Landlord Registration Scheme Antisocial Behaviour etc (Scotland) Act 2004		
Have you registered as a Landlord in Aberdeenshire?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Other local authority registration number:
Registration Number	-----/-----/-----	-----/-----/-----
5. Number of Occupants in HMO		
a) Total number of residents to be accommodated at any one time		
b) Total number of owner/s family or family of person managing premises, normally resident at one time		
6. Number of Rooms		
a) Number of letting bedrooms		
f) Number of bathrooms or WC compartments (including any en-suite)	Bathroom	WC
c) Number of communal rooms e.g. living room, dining room		
d) Kitchen available to residents	YES <input type="checkbox"/>	NO <input type="checkbox"/>
7. Residents <i>Please tick where appropriate</i>		
a) Do you intend to cater for short term residents e.g. tourists, commercial travellers, contract workers, etc?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
b) Do you intend to cater for long term residents e.g. students, seasonal worker or any persons who will occupy the premises as their main home whilst resident in Aberdeenshire?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
8. What Catering Arrangements are provided to residents? <i>Please tick where appropriate</i>		
a) Bed and Breakfast accommodation	YES <input type="checkbox"/>	NO <input type="checkbox"/>
b) Full Board accommodation	YES <input type="checkbox"/>	NO <input type="checkbox"/>
c) Self Catering accommodation	YES <input type="checkbox"/>	NO <input type="checkbox"/>
d) None	YES <input type="checkbox"/>	NO <input type="checkbox"/>

<p><b>9. Has/Have the applicant(s) or any other person named in this application ever been convicted of any crime or offence, (This includes current and spent convictions)? (Enter YES or NO only)</b></p>	<p>YES / NO</p>
<p><b>10.</b></p> <p>(a) Has the applicant or any person named in section 2 or 3 above previously held or currently hold an HMO Licence?</p> <p>If YES:-</p> <p>(i) Which Council granted the Licence?</p> <p>(ii) What was its reference number, date of grant and date of expiry?</p> <p>(b) Has the applicant or any person named in section 2 or 3 above ever applied for and been refused an HMO Licence or had an HMO Licence suspended or revoked?</p> <p>If YES:-</p> <p>(i) Which Council refused, suspended or revoked the Licence?</p> <p>(ii) When was the Licence refused, suspended or revoked?</p>	<p>YES / NO</p> <p>(i)</p> <p>(ii)</p> <p>YES / NO</p> <p>(i)</p> <p>(ii)</p>

**DECLARATION**

\*[A] I/We declare that I/we shall for a period of 21 days **from this date**, display at or near the premises from which the activity or activities is/are to be operated so that it can be conveniently read by the public, a Notice complying with the requirements of Paragraph 2(2) of Schedule 4 to the Housing (Scotland) Act 2006. Once the period has expired, I/We will produce to the Council a Certificate of Compliance together with a copy of the Notice (see [B] of the Appendix).

Or

\*[B] I/We declare that I am/we are unable to display a Notice complying with the requirements of Paragraph 2(2) of Schedule 4 to the Housing (Scotland) Act 2006 at or near the premises from which the activity or Activities is/are to be operated because I/we have no rights of access or other rights enabling me/us to do so, but I/we have taken the following steps to acquire the necessary rights without success, namely: (see [C] of the Appendix) {continue on a separate sheet if Necessary}.

.....

.....

Signature:

Date:

**I/We declare that I/We have read the terms of this application form and any related guidance. I/We declare that the particulars given by me/us on this form are correct to the best of my/our knowledge and belief.**

\*Delete as inapplicable

Note: The requirement to display a notice at or near the premises does not apply to women's refuges. The Council will write to persons residing in the vicinity of the premises.

**Please complete, date and sign the above declaration and read the attached Privacy Notice before dating, signing and returning your application form. Please retain the Privacy Notice**

Aberdeenshire Council will manage your personal data in accordance with the requirements set out in the General Data Protection Regulations 2018 (GDPR). The attached Privacy Notice provides further information about this.

**IF YOU HAVE ANY QUERIES REGARDING COMPLETION OF THIS FORM, OR REQUIRE FURTHER ASSISTANCE, PLEASE CONTACT:**

Aberdeenshire Council, Environmental Health Service, HMO Officer: Tel: 01467 534409 or email: [hmo@aberdeenshire.gov.uk](mailto:hmo@aberdeenshire.gov.uk)

Date: .....

Signature of .....

Applicant/Agent:

Address of Agent (if any): .....

.....

.....

Position of Applicant in the Company or other .....

Organisation if not otherwise stated: .....

***Failure to give the above consents will mean the application cannot be processed and a licence cannot be granted.***

## Appendix

### [A] Insurance

If an application for a Houses In Multiple Occupation Licence is granted then it will be a condition of the Licence that the Activity or Activities is/are covered by a Public Liability Insurance Policy with a reputable Insurance Company for an amount of cover acceptable to the Council. During the term of the Licence, the Licenceholder(s) will be required to exhibit to the Council on demand evidence that the Policy is still in force and that the premiums have been paid. The Policy and the Premium Receipt(s) can accompany the completed application. Unless these items are produced to the Head of Economic Development and Protective Services, no Licence can be issued.

### [B] Display of Notice

The Notice must give the address of the premises and state that an application for a Houses In Multiple Occupation Licence has been made to the Council. It must also give the applicant's full name and address. In the case of a Company, Firm, Public Body or Voluntary Organisation the names and private addresses of the Directors, Partners, Committee Members or other person(s) responsible for the management of the Activity or Activities, must also be shown. A copy of the Notice together with the Certificate of Compliance must be produced once the 21-day time limit has expired. If the Notice is removed, covered or defaced during that period the Certificate must state the reasonable steps taken for its protection or, if need be, its replacement. If the Council are of the opinion that the Notice does not comply with these requirements or that reasonable steps have not been taken to protect or replace the Notice the Council may require the Applicant to re-display the Notice for a further period of 21 days before making a final decision on the application.

### [C] Notice Unable to be Displayed

If the applicant declares that a Notice cannot be displayed because he does not have rights of access or other rights in respect of the premises to enable this to be done then he must also declare and specify what reasonable steps have been taken without success to acquire these rights.

**When completed, this form should be lodged with:**

**The Head of Planning and Economy  
(Environmental Health)  
Aberdeenshire Council  
Buchan House  
St Peter Street  
Peterhead  
AB42 1QF**

<b>Checklist</b>	<b>✓</b>	<b>To Follow ( provide date)</b>
<b>Please enclose the following:-</b>		
Application form		
Gas Certificate (if applicable)		
Electrical Installation Certificate (EICR)		
Portable Appliance Test Certificate (PAT)		
Public Liability Insurance		
Tenancy/Occupancy Agreement		
The correct fee has been submitted? Please provide receipt number if known	Yes / No	Receipt No.
Site Notice to be displayed for 21 days from the date of this application?	Yes / No	
<b>Do not return the notice or compliance certificate with this application.</b>		