

City of London



Housing Act 2004 – Part 2 House in Multiple Occupation (HMO) Mandatory Licensing Scheme Application for HMO Licence

Please return the completed form to: -

Pollution Team
Markets and Consumer Protection
PO Box 270
Guildhall
London, EC2P 2EJ

If you are unsure how to answer certain questions; or having difficulties completing the form and/or queries regarding the process please call us on 020 7332 3590 / 3026

If you have more than one HMO in the City of London, you will need to complete a separate application 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 on page 14 or continue on additional sheets, specifying which questions your answer relates to.

IMPORTANT

Please answer all questions as directed. Please read the accompanying guidance notes on how to complete the application form **before** answering any questions.

Application Type (please tick appropriate box)

New Licence

Renewal

Address of HMO to be licensed

Flat No Building Name

Street No Street Name

Town Postcode

Proceed to Section 1 of the form

Section 1 – Applicant details (person completing the form)

1.1 Are you the proposed licence holder? Yes No
If **yes**, please go straight to Section 2 of the form, if **no** complete Section 1.2 to 1.4.

1.2 Details of person completing the form

Surname: Forename(s):
Full address:
 Postcode:
Telephone number: Fax number:
Email: @

1.3 What is your relationship to the proposed licence holder?
Please tick the appropriate box

Friend / Spouse / Partner	<input type="checkbox"/>	Relative	<input type="checkbox"/>
Agent	<input type="checkbox"/>	Solicitor	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	-----	<input type="text"/>

1.4 What is your interest in the property? Please tick appropriate box

Freeholder	<input type="checkbox"/>	Head leaseholder	<input type="checkbox"/>
Leaseholder	<input type="checkbox"/>	Mortgagee	<input type="checkbox"/>
Managing Agent	<input type="checkbox"/>	Rent Collector	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	-----	<input type="text"/>

Proceed to Section 2 of the form

Section 2 – Proposed Licence Holder Details

2.1 Type of proposed licence holder. Please tick the appropriate box

Individual	<input type="checkbox"/>	Limited company	<input type="checkbox"/>
Partnership	<input type="checkbox"/>	Trustee	<input type="checkbox"/>
Charity	<input type="checkbox"/>		
Other (please specify)	<input type="checkbox"/>	-----	<input type="text"/>

2.2 Proposed Licence Holder details (If a company, please give full company name)

Name:

Full address:

Postcode:

Telephone number: Fax number:

Email: @

Date of Birth:

If the “**proposed licence holder**” is a Limited Company, Partnership, or Trust, please complete the following. In the case of a Limited Company, Partnership or trust registered outside the UK enter the address within the UK where documents may be served.

2.3 Company number and registered address (if different to 2.2)

Company number:

Full address:

Postcode:

Telephone number: Fax number:

Email: @

2.4 Company principal trading address (if different to 2.3)

Full address:

Postcode:

Telephone number: Fax number:

Email: @

2.5 Name and Address of Company Secretary

Surname: Forename(s):

Full address:

Postcode:

Telephone number: Fax number:

Email: @

2.6 Details of a named person within the company who can be contacted in connection with the licence:

Surname: Forename:

Full address:

Postcode:

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

Section 3 – Ownership and interested party details

Where the interested party is a limited company, please give their registered address.

3.1 Freeholder details (if different from proposed Licence holder, see 2.2)

Full name:

Full address:

Postcode:

Telephone number: Fax number:

Email: @

3.2 Person who collects the rent

Full name:

Full address:

Postcode:

Telephone number: Fax number:

Email: @

3.3 Person who ultimately receives the rent (if different to 3.2)

Full name:

Full address:

Postcode:

Telephone number: Fax number:

Email: @

3.4 Leaseholder(s)

Full name:

Full address:

Postcode:

Telephone number: Fax number:

Email: @

Length of lease remaining: years

Continue on additional sheet where necessary

3.5 Details of Mortgagee (e.g. bank, building society or other who has loan secured against the property)

Full name:

Full address:

Postcode:

Telephone number: Fax number:

Email: @

3.6 Details of any other person who may be bound by a condition of the proposed licence and who is not referred to in Section 1 & 2 of this form.

Full name:

Full address:

Postcode:

Telephone number: Fax number:

Email: @

Proceed to Section 4 of the form

Section 4 – Manager Details

4.1 Has an agent/manager been employed to manage the HMO? Yes No

If **no**, please go straight to Section 5 of the form, if **yes** complete Section 4.2.

4.2 Manager Information

Full name

Full address:

Postcode:

Telephone number: Fax number:

Email: @

Proceed to Section 5 of the form

Section 5 - Fit and Proper Person

In deciding whether a person is a **fit and proper** person to be the licence holder and/or manager of the house in multiple occupation, the City of London will consider the answers to the following questions.

It is essential that: -

- This section must only be completed by or on behalf of the proposed licence holder and manager.
- Answer all of the questions 5.1 to 5.13 (the application will be returned if all the questions are not answered)

5.1 Names of person(s) that this assessment relates to

Proposed licence holder

Proposed manager (if different to proposed licence holder)

5.2 How long have you been involved with any form of property management?

	Years	Months
a. Proposed licence holder	<input type="text"/>	<input type="text"/>
b. Proposed manager of property	<input type="text"/>	<input type="text"/>

5.3 Has the proposed licence holder/manager 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 issuing Local Authority, in the table below.

Name of licence holder	Address of property	Local Authority
<input type="text"/>		

5.4 Has the proposed licence/manager holder ever applied for and been refused a HMO Licence? Yes No

If **yes**, which authority(s) refused the licence?

When was it refused? (date)

What was reason for licence being refused?

Subject to the provisions of the Rehabilitation of Offenders Act 1974, please state the particulars of any relevant issues recorded against the proposed licence holder and proposed manager.

5.5 Have you committed an offence involving: -

- | | | | | |
|-----------------------------------|-----|--------------------------|----|--------------------------|
| a. Fraud | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| b. Dishonesty | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| c. Violence | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| d. Drugs | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| e. Sexual Offences Act Schedule 3 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

5.6 Have you 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.

Yes No

5.7 Has the proposed licence holder or manager contravened any provision of any enactment relating to housing, public health, environmental health or landlord and tenant law which led to civil or criminal proceedings resulting in a judgement being made against them?

Yes No

5.8 Has any property that the proposed licence holder or manager owns or manages or has owned or managed been subject of: -

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| a. legal proceedings by a local authority | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| b. where local authority has had to carry out works in default | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Housing Act 1985

- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| c. Control Order, section 379, in the 5 years preceding the date of application | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| d. Demolition order, section 265 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| e. Clearance area, section 289(2) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Housing Act 2004

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| f. Improvement notice, section 11 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| g. Prohibition notice, section 20 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| h. Hazard awareness notice, section 28 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| i. Emergency remedial action, section 40 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| j. Emergency remedial order, section 43 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| k. A management order | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| m. Breached conditions of HMO licence | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

5.9 Have you acted otherwise than in accordance with any Approved Code of Practice (AcoP), under Housing Act 2004

Yes No

5.10 Has any person associated or formerly associated with the proposed licence holder and/or manager, have any unspent convictions that are relevant to this application. If **Yes**, please provide details in 5.11 below or in Section 9. Yes No

5.11 If you have answered yes to any of the questions in 5.5 to 5.10 above, please provide further details using the table below: -

Name	Date	Local Authority where situated	Offence	Fine / Sentence
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5.12 Are you accredited under...

a. London Landlord Accreditation Scheme (LLAS) Yes No
 LLAS Certificate No.

b. Other authority/national accreditation scheme Yes No
 (state below)

5.13 Are you a member of any Landlord association or other professional body?
 Please indicate which

Proceed to Section 6 of the form

Section 6 – Property Details

The Council is required to satisfy itself that there are satisfactory management arrangements for the property.

It is essential that: -

- This section must only be completed by or on behalf of the proposed licence holder and manager.
- Ensure that all questions are answered, if not applicable tick **No**.

Property Management

6.1 Is there a programme of regular inspections and maintenance of the property? Yes No
 If **yes**, state how frequently?

6.2 Is there 24 hour on site management of the property? Yes No
 If **no**, how do occupiers contact the manager in an emergency?

6.3	What arrangements are in place to deal with repairs as they arise and emergencies at the property?				
<div style="border: 1px solid black; height: 50px;"></div>					
6.4	What financial arrangements are in place to allow for repair works to be carried out at the property?				
<div style="border: 1px solid black; height: 50px;"></div>					
6.5	Are arrangements in place for the regular cleaning of the common parts?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	If yes , how often are the common parts cleaned?	<div style="border: 1px solid black; height: 15px;"></div>			
Tenancy Arrangements					
6.6	Are occupiers provided with a checked inventory and statement of condition of the property at the commencement of any rental period?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
6.7	Are tenants provided with written details of the terms of their tenancy?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Are rent books provided?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	If rent books are not provide, are the tenants given receipts/ statements?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Gas and Electrical Safety					
6.8	Are there any gas appliances within the property? (If no, proceed to 6.10)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
6.9	Do all gas appliances in the HMO meet all safety requirements including the requirement to provide annual gas safety certificates?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
6.10	Has the electrical installation & fittings at the property been checked within the last 5 years?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
6.11	Are all electrical appliances provided within the property safe and in compliance with the requirements of the Electrical Equipment (Safety) Regulations 1984?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Fire Safety					
6.12	Does the property have a system of fire detection, including smoke detectors? If No proceed to 6.15	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If **yes** does the system include any of the following?

A fire alarm control panel Yes No

Heat detectors in the kitchens Yes No

Smoke detectors in rooms Yes No

Battery powered only? Yes No

Smoke detectors in common parts Yes No

Battery powered only? Yes No

Alarm sounders on all levels Yes No

6.13 If yes, is the automatic fire detection system tested in accordance with BS5839? Yes No

6.14 Is there a logbook of inspection and testing of the automatic fire detection system? Yes No

6.15 Does the property have a system of emergency lighting, which is regularly tested in accordance with BS5266? Yes No

6.16 Is any of the following fire safety equipment provided in the property? If NO proceed to 6.18

Fire blankets in all kitchens Yes No

Fire blankets in shared kitchens Yes No

Fire extinguishers Yes No

6.17 If provided has all of the safety equipment been inspected/serviced within the last 12 months? Yes No

6.18 Do you provide furniture within lettings? Yes No

6.19 If yes, does all the furniture within the HMO comply with the Furniture and Furnishings (Fire Safety) Amendment Regulations 1993 and any other enactment? Yes No

Proceed to Section 7 of the form

Section 7 – Property Information

The combination of information recorded on this page and on the plans in section 13 will be used to determine the maximum number of households or persons that can occupy the property.

7.1 Main property use

House in multiple occupation

Flat in multiple occupation

A house converted into and comprising **only** of self contained flats

7.2 Description of property

Detached Mid-terraced

Semi detached End terraced

7.3 When was the property built? (best assessment)

Pre 1919 1946-1964 1981-1991

1919-1945 1965-1980 Post 1991

7.4 Has the use of the property changed since it was first built? (tick one box only)

Purpose built as dwelling with its present design

Converted from a previous residential dwelling

Converted from a structure which was used for non residential purposes

7.5 Has property been converted to form self-contained units? Yes No

7.6 When was the property converted? (if not certain please tick best assessment)

Pre 1919 1946-1964 1981-1991

1919-1945 1965-1980 Post 1991

7.7 Number of separate letting units

A let can either be a self-contained flat or a bedsit room (amenities shared)

7.8 Number of habitable rooms (excluding kitchens)

7.9 Number of households occupying the HMO

7.10 Number of people occupying the HMO

7.11 Please circle all the floors the property has (residential and commercial).
See guidance for instructions on how to complete this question.

Residential use	B	G	1	2	3	4	5	6	7	A
Commercial use	B	G	1	2	3	4	5	6	7	A

7.12 Number of kitchens

- a. Number of shared kitchen
- b. Number of exclusive kitchen

7.13 Number of sinks (kitchen)

- a. Number of shared sinks
- b. Number of exclusive sinks

7.14 Number of bath/shower rooms

- a. Number of shared baths
- b. Number of exclusive baths
- c. Number shared showers
- d. Number of exclusive showers

7.15 Number of toilets

- a. Number of shared toilets
- b. Number of exclusive toilets

7.16 Number of wash hand basins (whb's)

- a. Number of shared whb's
- b. Number of exclusive whb's

7.17 Using the table below. Provide details of all occupiers currently living at the property (including children)

Name	Flat / Room number	Floor level	Leaseholder / Tenant / Other

Proceed to Section 8 of the form

Section 8 – Licence Fee

<i>Number of rooms</i>	<i>New application fee</i>	<i>Renewal fee</i>
Up to 5 lettings	£1050	£1050
6 to 9 lettings	£1,200	£1,200
10 to 14 lettings	£1,350	£1,350
15 to 19 lettings	£1,500	£1,500
20 lettings and above	£1,650	£1,650

Section 9 – 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

Section 10 – Notification & Declaration

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 three years (including 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 e-mail address or fax number (if any)
- the name, address, telephone number and e-mail address or fax number (if any) of the proposed licence holder (if it will not be you)
- that this is an application for an HMO licence under Part 2 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 (listed in 10.1 below) who are the only persons known to me/us that are required to be informed that I/we have made this application.

10.1	Name	Address	Interest

Important Notes for 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 revoked or other action taken.**

I/We declare that the information contained in this application is correct and 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 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.

NB Application forms will be returned if the proposed licence holder does not sign and date 10.3 below and/or the proposed manager does not sign date 10.4. "Dittos" will not be acceptable in any of the fields

10.2 Name of applicant (print)	<input type="text"/>	
Signature	<input type="text"/>	Date <input type="text"/>
10.3 Name of proposed licence holder (print)	<input type="text"/>	
Signature	<input type="text"/>	Date <input type="text"/>
10.4 Name of proposed manager (print)	<input type="text"/>	
Signature	<input type="text"/>	Date <input type="text"/>

10.5 Please confirm the details of the person who should be contacted if there are any queries in connection with the form; and to whom the form should be returned to if it is found to be incomplete.		
Full name	<input type="text"/>	
Full address:	<input type="text"/>	
	Postcode:	<input type="text"/>
Telephone number:	<input type="text"/>	Fax number: <input type="text"/>
Email:	<input type="text"/> @ <input type="text"/>	
Proceed to Section 11 of the form		

Section 11 – Checklist

Please ensure that all boxes are ticked and the information enclosed before posting. If you have ticked **Yes** to any of the following questions 6.9, 6.10, 6.11, 6.13, 6.15 and 6.17, we will expect copies of the tests/certificates to be included with application: -

- Completed all sections of the form
- Enclosed correct fee (cheques made payable to **City of London**) **NO CASH PLEASE**
- Declaration – read notes and signed declaration
- Provided plans of the premises (for each floor, including non-residential use)
- Copy of Gas Safety certificates, obtained within the last 12 months, for **all** gas appliances in the property.
- Copy of the most recent (within last 12 months) Portable Appliance Test (PAT) report (**if available**)
- Copy of the most recent (within last 12 months) BS5839 Test report relating to the Automatic Fire Detection System (**if applicable/available**)
- Copy of the most recent (within last 5 years) Test report relating to the electrical installation (**if available**)
- Copy of the most recent (within last 12 months) BS5266 Test report relating to the emergency lighting system (**if available**)

Please return the completed form to: -

Markets and Consumer Protection
Pollution Team
PO Box 270
Guildhall
London, EC2P 2EJ

If you are unsure how to answer certain questions; or having difficulties completing the form and/or queries regarding the process please call us on 020 7332 3483.







Section 12 – Plans of property to be licensed

Using the grids on the following pages, please draw each floor of the premises (in proportion if possible), ensuring that the following information is marked on each floor plan. Alternatively if you already have a set of plans for the property please use these, ensuring that you mark the plans as described below. **NB Your application will be returned if the following information is not marked on the plans.:** -






- Draw all rooms, kitchens, bathrooms, etc. Marking each rooms use e.g. Let 1, bathroom, shared kitchen, bedroom etc.
- Dimensions of each room (metric preferably please, to nearest 10cm/4inches).
- Location of stairs and windows.
- Record the number of individuals currently occupying each unit of accommodation, including the maximum number you consider could occupy the unit (see key below).
- Mark the position of all doors; fixed cupboards; chimneybreasts; baths, showers, toilet, wash hand basin.
- Where a room contains a kitchen, show position of cooker, worktops, sinks etc.
- Indicate any fire precautions installed (if any).

Key – Use the following symbols on your plans

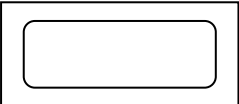
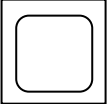
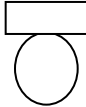
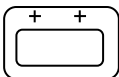
Fire Precautions

 SD	Smoke detector	 CP	Call point	 FE	Fire extinguisher
 HD	Heat detector	 EL	Emergency light	 C P	Fire alarm control panel




Kitchen

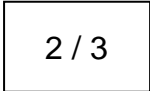
 Two ring cooker 13amp	 Four ring cooker	 MW	Microwave
 FR	Fridge	 Sink with drainer	

Bathroom

 Bath	 Shower	 Toilet
 Wash hand basin		

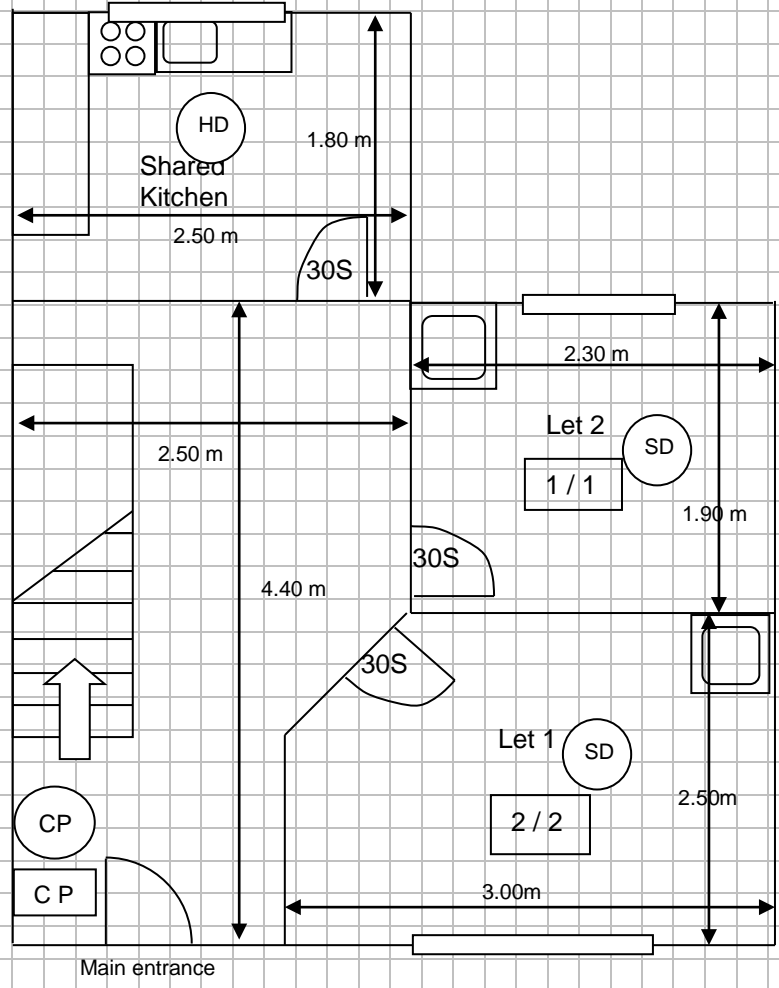
General

 Door location	 30S 30 minute fire door	 20S 20 minute fire door
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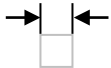
 2 / 3	Occupation of room Number in occupation / Maximum number possible
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Back

Example



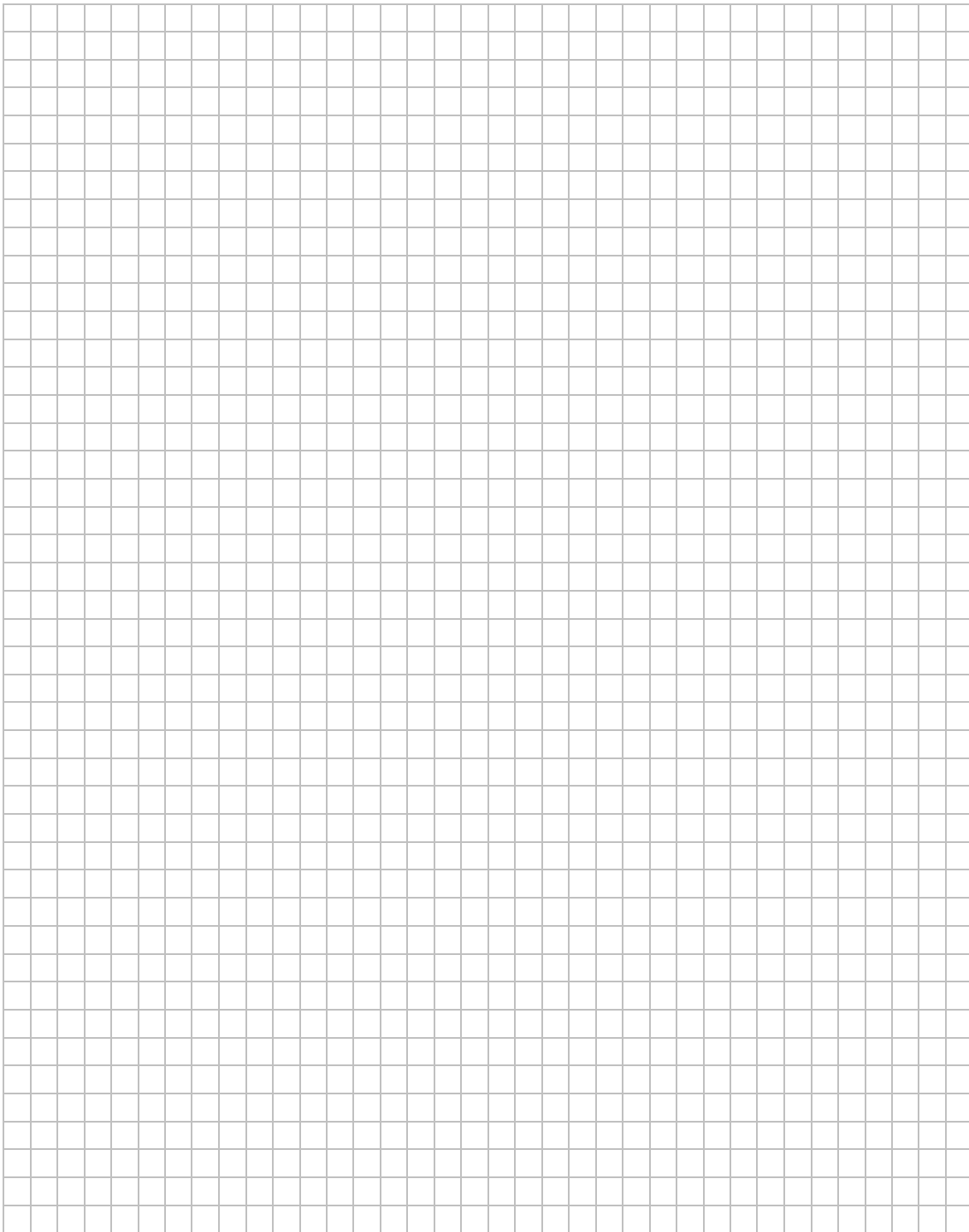
Front

Scale: 1  = 0.2 metres

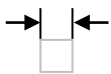
Comments

Floor Level

Back



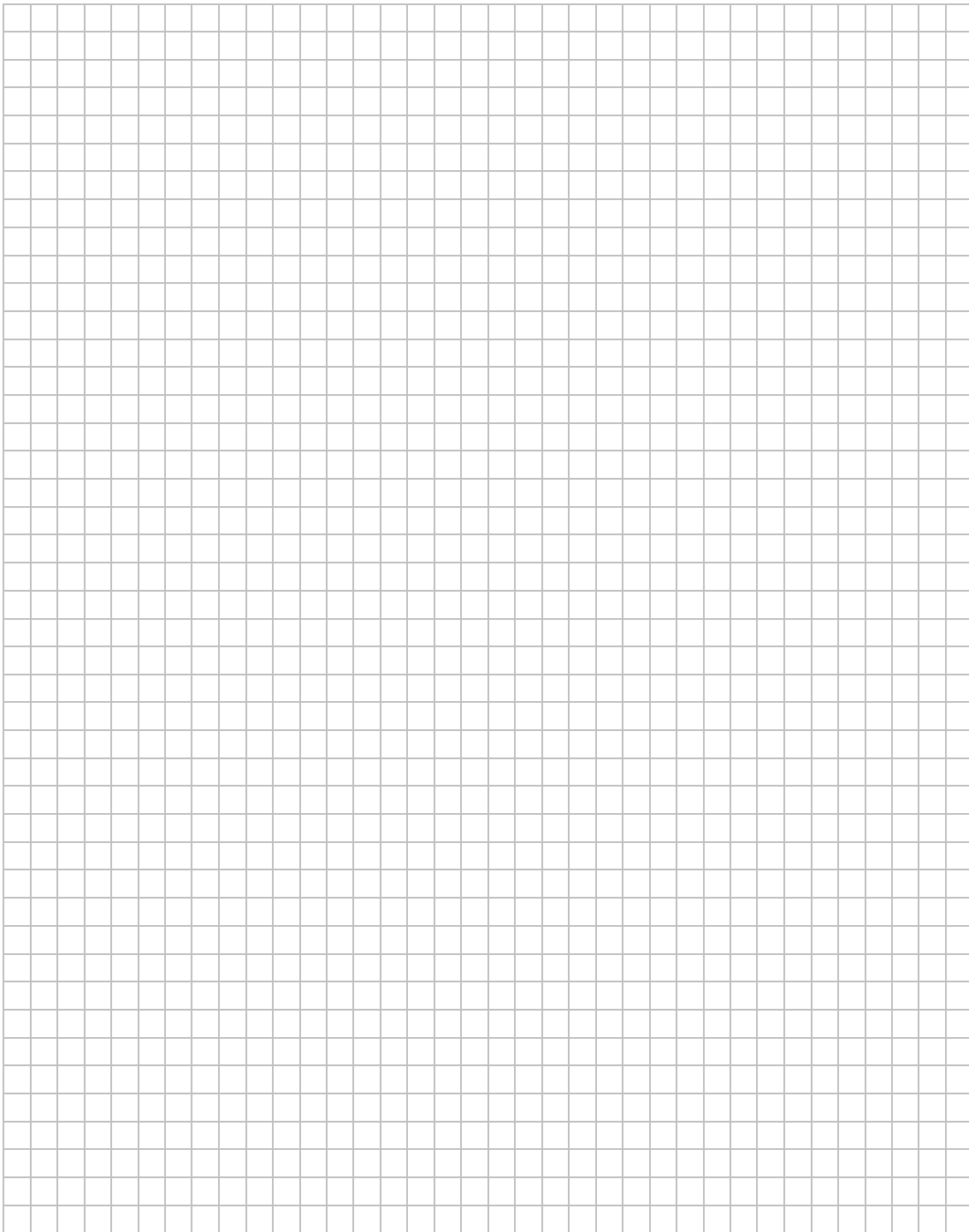
Front

Scale: 1  = metres

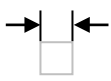
Comments

Floor Level

Back



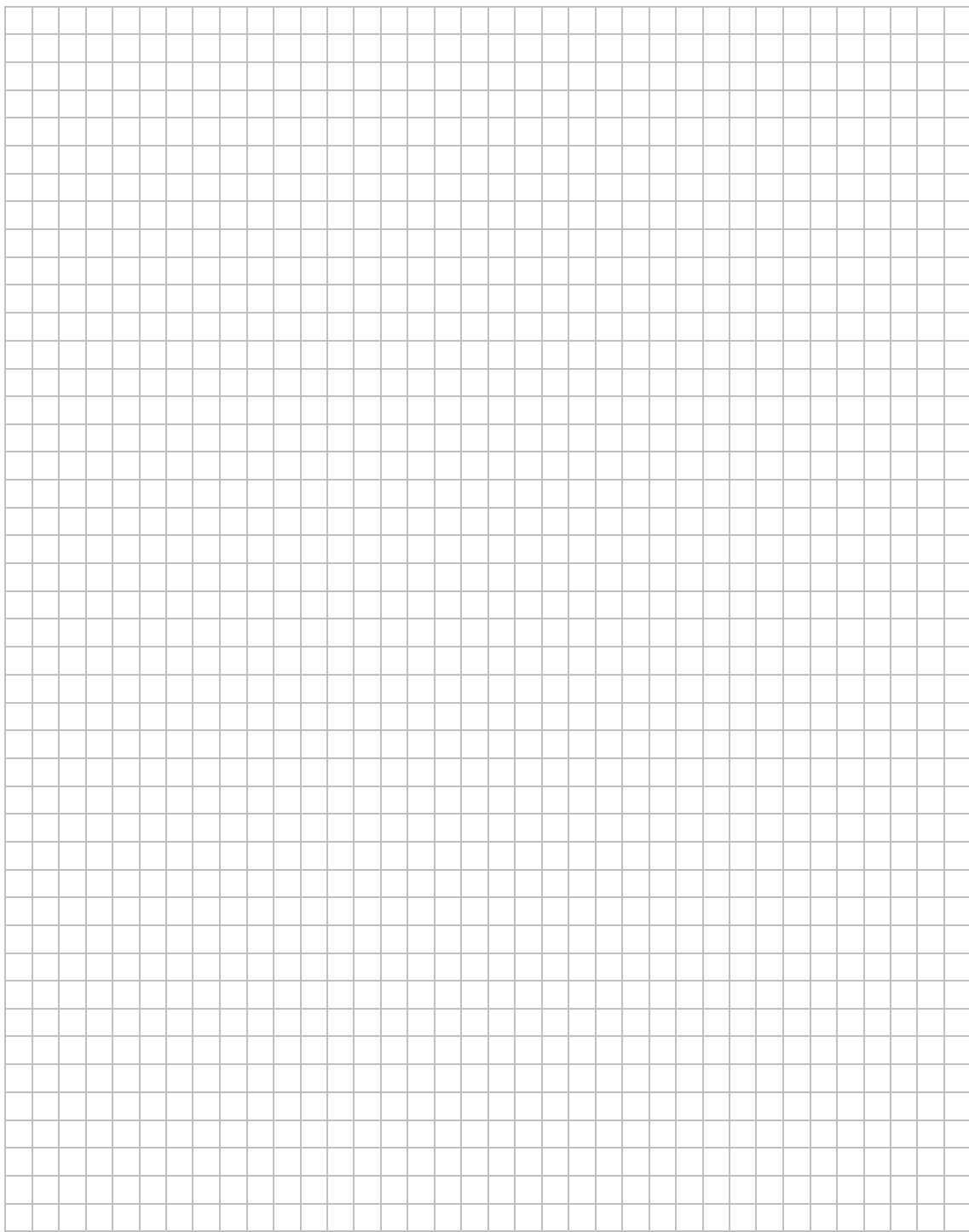
Front

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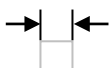
Comments

Floor Level

Back



Front

Scale: 1  = metres

Comments

