

HOUSING ACT 2004, PART 3 (SELECTIVE LICENSING) **SELECTIVE LICENSING APPLICATION**

Use these forms to apply for a Selective Licence for residential accommodation. There are guidance notes to each section enclosed with this application form, which you should detach and keep.

All applications should contain a valid photo ID for the proposed licence holder along with a copy of a recent utility bill. This is to help prove the identity of the proposed licence holder and aid in deciding whether they are a fit and proper person to hold a licence.

Please return the completed application with **copies of all** required documents to: **e-mail:** landlordlicensing@rotherham.gov.uk, **fax:** 01709 371 149; **Or by post to:** SELECTIVE LICENSING, Community Protection Unit, Regeneration and Environment Directorate, Riverside House, Main Street, Rotherham S60 1AE. Tel. 01709 823118 if you need any assistance

NOTE – THE LICENCE FEE OF £592 IS SPLIT INTO TWO PARTS. The application fee of £154 for each property must be paid in full **with your application**. The remaining £438 must be paid once you have been told we will grant you a licence. Licenses are not granted until payment or arrangements have been made. You can pay this final fee by Direct debit (subject to additional charges), and a form is enclosed. Direct Debit payments will be set up once we have approved your application.

You can make your application payment through our website (credit card charges may apply) and include a copy of the receipt with this application. Please do not send cash through the post. Cheques should be made payable to Rotherham Metropolitan Borough Council. If your method of payment cannot be completed then the application will be rejected.

REMEMBER TO INCLUDE YOUR FULL £154 APPLICATION FEE WITH THIS APPLICATION FORM OR IT WILL BE REJECTED AS INCOMPLETE

The council aims to acknowledge receipt of all applications within 20 working days, however if demand is high this may take longer. If you are applying by post and would like to ensure your application has reached us, we would advise you use a registered/recorded delivery service.

Please ensure all parts of the form are completed in **black** ink. If you do not complete the form correctly the application will be rejected **but Application fees will not be refunded**.

The Application comprises 4 main sections:

- Part 1. Payment information, Licence Holder and Manager's details and declarations
- Part 2. Information about interests in the property.
- Part 3. Information about the Property. *(multiple copies can be attached)*
- Part 4 Application Declarations

A Direct Debit Mandate and Diversity Monitoring form (optional) are at the end of the pack. The declaration at the end of the application must be signed and dated before submitting.

Please note that it is a criminal offence to make a false statement in an application for a selective licence or fail to comply with any condition of the licence. Please answer all questions unless directed.

PART 1. Payment, Licence Holder and Manager's Details.

1.0 Application Type and Payment arrangements Complete all sections (a), (b) (c) as appropriate

- a) This application is for _____ (number) houses/flats and I have enclosed a property information form for each. Each property has the same ownership and relevant interested party details.
- b) ☐ **I am applying for the Accredited landlord discount** and enclose:
- The Accreditation registration details and **copy of registration certificate/letter** of confirmation:
 Organisation providing Accreditation _____
 Address _____
 Telephone: _____
 E-mail address _____
 Name of scheme manager _____
 - ☐ I enclose a copy of a HHSRS assessment which is less than 6 months old showing each property applied for is free from category 1 hazards carried out by an independent person or company, and
 - ☐ If the HHSRS assessment was carried out by a letting agency, I enclose documentary evidence that the agency who carried out the assessment is a member of a government approved Property Redress Scheme.
- c) Payment arrangements. Please choose from one of the following:
- ☐ **I have enclosed the application fee payment** in full for £154 (£54 for Accredited etc. landlords) for each house or flat totalling £_____. The final fee of £438 becomes payable once I have been advised my licence will be granted.
 - ☐ **I have paid the application fee online** for £154 (£100 refund applicable for Accredited etc. landlords) each house or flat in full and online totalling £_____, **the receipt for which is enclosed.**
- d) Paying the remaining licence fee. Choose your method of payment
- ☐ I will pay £438 online when my licence is to be granted. I understand the licence will not be granted until I have submitted a copy of the receipt for the final payment to the Selective Licensing Team.
 - ☐ **I would like to pay by instalments over 12 months** for the remaining licence fee of £438 and have completed the Direct Debit Mandate at the end of this application. A £13 fee will be added to the total fee due to process the invoice and direct debit.
 - ☐ **I am applying to licence 10 or more houses/flats** and would like to spread the cost of the remaining fee over 2 years by buying a 1 year licence for each and renewing before the end of the first year. The direct debit mandate is completed. A £13 fee will be added to the total to process the invoice and direct debit.

Where a number of separate applications are made by the same person these will be invoiced together so the invoice processing fee is only paid once.

If you have not enclosed the correct payment your application may be rejected as incomplete.

1.1	<p>To be completed if applicant is an individual (and then move on to 1.6)</p> <p>(a) Full Name (block letters please)</p> <p>Surname: _____ First Name(s): _____</p> <p>(b) Home Address: _____</p> <hr/> <p>Postcode: _____ Telephone Numbers</p> <p>Home: _____</p> <p>Email: _____ Work/Mobile: _____</p> <p>Fax No. _____</p> <p>Preferred method of contact (please tick appropriate box)</p> <p>Home <input type="checkbox"/> Work/Mobile <input type="checkbox"/> Email <input type="checkbox"/></p> <p>(c) Date of Birth: _____ National Insurance No: _____</p> <p>(d) Are you responsible for receiving rent, the day-to-day repairs, maintenance and tenant management of the premises to be licensed? (please tick appropriate box).</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If you have answered yes, you will be assumed to be the proposed licence holder in this application and you will need to complete the declaration on section 1.8.</p> <p>If you wish another to be the licence holder please complete their details in 1.6.</p> <p>(e) Are you the owner of the property</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
1.2	<p>To be completed if applicant is a Company or Partnership</p> <p>(a) Full Name of Company or Partnership</p> <p>_____</p> <p>(b) Address of Principal or Registered Office</p> <p>_____</p> <p>Telephone Number: _____</p> <p>Email _____</p>
1.3	<p>Full name, address and date of birth of Directors, Partners or other persons responsible for management of the business (include on a separate sheet if necessary):</p> <p>_____</p> <p>_____</p>
1.4	<p>Is the company responsible for receiving rent, the day-to-day repairs, maintenance and tenant management of the premises to be licensed? (please tick appropriate box)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If you have answered yes, you will be assumed to be the proposed licence holder in this application and you will need to complete the declaration on section 1.8.</p> <p>If you wish another to be the licence holder please complete their details in 1.6.</p>
	<p>(e) Are you the owner of the property?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

1.5	Are you the landlord of any other Licensed HMO or House in this or another Council Area? If Yes, how many properties in each area?			
No <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> Yes <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> No in this Local Authority area <input style="width: 60px; height: 20px; border: 1px solid black;" type="text"/> No in other Local Authority area <input style="width: 60px; height: 20px; border: 1px solid black;" type="text"/>				
Please give full address of each property (continue on an additional sheet if necessary)				
	No.	Street	Town/City	Postcode

1.6	To be completed where the answer to 1.1(d) is NO		
PROPOSED LICENCE HOLDER			
Full Name (block letters please)			
Surname: _____ First Name(s): _____			
Business Address: _____ _____			
Postcode: _____		Telephone Numbers Home: _____	
Email: _____		Work/Mobile: _____ Fax _____	
Date of Birth: _____		National Insurance No: _____	
1.7	OTHER PERSON MANAGING THE PROPERTY		
Full Name (block letters please)			
COMPANY NAME _____			
Surname: _____ First Name(s): _____			
Business Address: _____ _____			
Postcode: _____		Telephone Numbers Home: _____	
Email: _____		Work/Mobile: _____ Fax _____	
Date of Birth: _____		National Insurance No: _____	

1.8	Test of fitness and Compliance with Management Conditions – (please tick the appropriate boxes) If you answer YES to any of the following questions in this section, please give details including dates in section 1.9 below. Continue on a separate sheet where necessary. Please note: The Council may carry out the necessary legal checks on all applicants.									
a	Do you have any unspent convictions that may be relevant to the proposed licence holder's fitness to hold a licence, or the proposed manager's fitness to manage the HMO or house, and, in particular, any such conviction in respect of any offence involving fraud or other dishonesty, or violence or drugs or any offence listed in Schedule 3 to the Sexual Offences Act 2003(a)?	<table border="0"> <tr> <td colspan="2">Licence Holder</td> <td colspan="2">Manager</td> </tr> <tr> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> </table> <p>If yes please declare details in Section 1.9.</p>	Licence Holder		Manager		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Licence Holder		Manager								
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>							
b	Has there been any finding by a court or tribunal against the proposed licence holder or manager that they have practised unlawful discrimination on grounds of sex, colour, race, ethnic or national origin or disability in, or in connection with, the carrying on of any business?	<table border="0"> <tr> <td colspan="2">Licence Holder</td> <td colspan="2">Manager</td> </tr> <tr> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> </table> <p>If yes please declare details in Section 1.9.</p>	Licence Holder		Manager		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Licence Holder		Manager								
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>							
c	Has there been any contravention on the part of the proposed licence holder or manager of 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 you?	<table border="0"> <tr> <td colspan="2">Licence Holder</td> <td colspan="2">Manager</td> </tr> <tr> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> </table> <p>If yes please declare details in Section 1.9.</p>	Licence Holder		Manager		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Licence Holder		Manager								
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>							
d	Do you have any information about any HMO or house the proposed licence holder or manager owns or manages or has owned or managed which has been the subject of:- i) a control order under Section 379 of the Housing Act 1985(a) in the five years preceding the date of the application; or ii) any appropriate enforcement Act.?	<table border="0"> <tr> <td colspan="2">Licence Holder</td> <td colspan="2">Manager</td> </tr> <tr> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> </table> <p>If yes please declare details in Section 1.9.</p>	Licence Holder		Manager		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Licence Holder		Manager								
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>							
e	Do you have any information about any HMO or house the proposed licence holder or manager owns or manages or has owned or managed for which a local housing authority has refused to grant a licence under Part 2 or 3 of the Act, or has revoked a licence in consequence of the licence holder breaching the conditions of his licence?	<table border="0"> <tr> <td colspan="2">Licence Holder</td> <td colspan="2">Manager</td> </tr> <tr> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> </table> <p>If yes please declare details in Section 1.9.</p>	Licence Holder		Manager		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Licence Holder		Manager								
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>							
f	Do you have any information about any HMO or house the proposed licence holder or manager owns or manages or has owned or managed that has been the subject of an interim or final management order under the Act?	<table border="0"> <tr> <td colspan="2">Licence Holder</td> <td colspan="2">Manager</td> </tr> <tr> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> </table> <p>If yes please declare details in Section 1.9.</p>	Licence Holder		Manager		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Licence Holder		Manager								
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>							
h	Has any local authority carried out work in default to premises of which you have been the owner or manager in the past 5 years	<table border="0"> <tr> <td colspan="2">Licence Holder</td> <td colspan="2">Manager</td> </tr> <tr> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> </table> <p>If yes please declare details in Section 1.9.</p>	Licence Holder		Manager		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Licence Holder		Manager								
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>							
j	Has the licence holder or the manager been declared bankrupt?	<table border="0"> <tr> <td colspan="2">Licence Holder</td> <td colspan="2">Manager</td> </tr> <tr> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> </table> <p>If yes please declare details in Section 1.9.</p>	Licence Holder		Manager		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Licence Holder		Manager								
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>							
k	Have you ever had any application for a HMO/Property licence refused, revoked or Management Orders imposed, in this or another local authorities area?	<table border="0"> <tr> <td colspan="2">Licence Holder</td> <td colspan="2">Manager</td> </tr> <tr> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> </table> <p>If yes please declare details in Section 1.9.</p>	Licence Holder		Manager		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Licence Holder		Manager								
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>							
If the answer to any of the questions in 1.8 above is Yes, full details will be required in section 1.9 below										

1.9 Please give details of any matters that had a **Yes** answer to item 1.8 above for the licensee. If none please detail none

LICENSEE

I declare that to the best of my knowledge and belief all the information in this application is true

Signature: _____ Print full name: _____

Position (if acting on behalf of a company): _____ Date _____

LICENCE HOLDER SHOULD SUBMIT A VALID PHOTO ID WITH THIS APPLICATION AND RECENT UTILITY BILL SHOWING THEIR ADDRESS ☐ Tick to confirm

Please give details of any matters that had a **Yes** answer to item 1.8 above for the manager. If none please detail none

Manager

I declare that to the best of my knowledge and belief all the information in this application is true

Signature: _____ Print full name: _____

Position (if acting on behalf of a company): _____ Date _____

PART 2. Information regarding the property ownership.

2.0 This part of the application is accompanied by Part 3 forms for the following addresses:

Continue on a separate sheet if necessary

2.1 Name and address of the owner if not the proposed licence holder:

Name.....

Address.....

.....

Telephone Number:.....

E-mail Address..... Fax No:

2.2 Name and address of the co-owner if not the proposed licence holder

Name:

Address:

.....

Telephone Number:

E-mail Address..... Fax No:

2.3 Name and address of the co-owner if not the proposed licence holder

Name:

Address:

.....

Telephone Number:

E-mail Address..... Fax No:

2.4	Name and address of the person having control if not the proposed licence holder Name: Address: Telephone Number: E-mail Address..... Fax No:
2.5	Name and address of any other person agreeing to be bound by the terms of the licence Name: Address: Telephone Number: E-mail Address..... Fax No:
2.6	Do you (alone or jointly with others) own the freehold of the property. If No go to 2.7 below, Yes go to 2.9 <div style="text-align: right;"> Yes <input type="checkbox"/> No <input type="checkbox"/> </div>
2.7	Name and address of the Freeholder of the property Name: Address: E-mail Address..... Fax No:
2.8	If you do not hold the freehold of the property is there at least 5 years still to run on the lease? <div style="text-align: right;"> Yes <input type="checkbox"/> No <input type="checkbox"/> </div>
2.9	Name and address of the mortgage provider (if any) of the property or any part of it. (please say none if the property does not have an outstanding mortgage) Name: Address: E-mail Address..... Fax No:

Part 3. Information about the Property

3.0 Postal Address of Property: _____ _____ Postcode: _____ Name of Tenant(s) _____ Contact Tel: _____		FOR OFFICIAL USE ONLY Licence Number:-
<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"> Licence Application </div> <div style="width: 80%;"> Please indicate type of application (Please tick <u>one</u> box) </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;"> New licence application <input checked="" type="checkbox"/> </div> <div style="text-align: center;"> Application for variation of existing licence <input type="checkbox"/> </div> <div style="text-align: center;"> Application for licence renewal <input type="checkbox"/> </div> </div> <div style="text-align: center; margin-top: 10px;"> Expiry date of existing licence <div style="display: inline-block; width: 100px; height: 30px; border: 1px solid black; background-color: #cccccc; position: relative;"> 20 </div> </div>		
3.1	Is this a house or flat? <div style="display: flex; justify-content: space-around; margin-top: 5px;"> House <input type="checkbox"/> Flat <input type="checkbox"/> </div> Detached / semi detached / terrace / end terrace / back to back terrace / grouped design? Please state which: _____	
3.2	Has Planning Permission been granted for use as a House in Multiple Occupation? (please tick appropriate box) <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> </div>	
3.3	When the property was converted or flats created, was:- <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> Planning Permission given? </div> <div style="width: 55%;"> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> Building Notice given? </div> <div style="width: 55%;"> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> Was the work carried out in accordance with the above? </div> <div style="width: 55%;"> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> </div> </div>	
3.4	a) Type of property (see guidance notes for descriptions) <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> House in single occupation <input type="checkbox"/> </div> <div style="width: 45%;"> Flat in single occupation <input type="checkbox"/> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> House in Multiple Occupation <input type="checkbox"/> </div> <div style="width: 45%;"> Flat in Multiple Occupation <input type="checkbox"/> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> House converted into and comprising only self-contained flats <input type="checkbox"/> </div> <div style="width: 45%;"> Purpose built block of flats <input type="checkbox"/> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> Other (please specify) _____ </div> <div style="width: 45%;"></div> </div> <div style="margin-top: 10px;"> Total number of units which are self-contained: <input type="text"/> </div> <div style="margin-top: 5px;"> Total number of units which are not self-contained: <input type="text"/> </div> <div style="margin-top: 10px;"> Are any of the flats or rooms occupied by the owner or freeholder (including their family)? (please tick appropriate box) <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Yes <input type="checkbox"/> No <input type="checkbox"/> </div> </div>	

3.5	Was the property purpose built as a dwelling in its current design? Yes <input type="checkbox"/> No <input type="checkbox"/> Converted from a previous residential dwelling or dwellings? Yes <input type="checkbox"/> No <input type="checkbox"/> Converted from a non-residential structure? Yes <input type="checkbox"/> No <input type="checkbox"/> Year of conversion to its current form _____	
3.7	Approximate age of the original construction of the House <div> <input type="checkbox"/> Before 1919 <input type="checkbox"/> 1919-1944 <input type="checkbox"/> 1945-1964 <input type="checkbox"/> 1965-1979 <input type="checkbox"/> After 1980 </div>	
3.8	Details of storeys in property Number of storeys in the premises below ground level <input type="text"/> Number of storeys in the premises above ground level <input type="text"/> Storeys within the property covered by the licence application where numbers of storeys below ground level are indicated, -1, -2, etc. From <input type="text"/> To <input type="text"/> <i>Note: Mezzanine floors are counted as storeys</i>	
3.9	Please give a brief description of any commercial use of the premises _____	
3.10	Details of internal fixtures in property: Total number of separate units (Houses/flats in Multiple Occupation only): <input type="text"/> Number of individual tenants at the time of application: <input type="text"/> Number of people living in the property: <input type="text"/> Total number of households occupying the property: <input type="text"/> Of those number of children living in the property (age 11-17): <input type="text"/> 10 years or under <input type="text"/> Total number of habitable rooms (except kitchens): <input type="text"/> Total number of bedrooms: <input type="text"/> Total number of livingrooms: <input type="text"/> Total number of bathrooms/shower rooms: <input type="text"/> No. shared: <input type="text"/> Total number of toilets with wash hand basins: <input type="text"/> No. shared: <input type="text"/> Total number of toilets without wash hand basins: <input type="text"/> No. shared: <input type="text"/> Total number of wash hand basins: <input type="text"/> No. shared: <input type="text"/> Total number of kitchens: <input type="text"/> No. shared: <input type="text"/> Total number of sinks: <input type="text"/> No. shared: <input type="text"/>	

3.11 Does the property have any of the following ways of detecting a fire? (please tick appropriate box)

a fire alarm panel?

Yes / No

smoke and heat detectors?

Yes / No

sounder alarms?

Yes / No

date the system was installed if known?

--	--	--

date of last inspection if known?
(certificate to be enclosed with application)

--	--	--

Please detail locations of smoke alarms. (This can be detailed on a plan supplied by the applicant)

If none, state NONE. If indicated on a plan submitted, please indicate here:

Yes ☐ No ☐

3.12 Main Escape Route

Is the main escape route:

- protected by self-closing fire resisting doors?

Yes / No

- clear of flammable material and other obstructions?

Yes / No

- Is there a log book of inspection / tests?

Yes / No

Please detail any fire escape routes in the premises

Please provide details of fire safety training to occupiers

3.13	Is there an emergency lighting system installed in the common areas, staircase and landings?	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.14	Do you have the following fire safety equipment? (please tick appropriate box)	
(a)	Fire blankets	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes, how many and where located? _____	
(b)	Fire extinguishers	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes, how many? and where located _____	
3.15	Are there any notices displayed in the property instructing the occupants what to do in the event of a fire? (please tick appropriate box)	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If yes, how many? and where located _____	
3.16	<div> <div>- A valid electircal safety inspection certificate eg NICEIC or ECAS (certificate to be enclosed with application)</div> <div> <div>Certificate Number</div> <div></div> </div> </div> <div> <div>- Date of last inspection?</div> <div> <div></div> <div></div> <div></div> </div> </div> <div> <div>Who inspected the system?</div> <div> <div></div> <div></div> </div> </div> <div> <div>Postcode</div> <div></div> </div>	
3.17	<div>Portable Electrical Appliances eg kettle, vacuum cleaner</div> <div> <div>Do you provide portable electrical appliances to any part of the property?</div> <div>Yes / No</div> </div> <div> <div>A valid electrical safety inspection certificate for all appliances (certificate to be enclosed with application)</div> <div> <div>Certificate Number</div> <div></div> </div> </div> <div> <div>Signed: _____</div> <div>Date: _____</div> </div>	

3.18	<p>Gas installation and appliances</p> <p>Do you provide gas installations/appliances to any part of the property? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>details of valid gas safety inspection certificate for all installations and appliances from a GAS SAFE registered fitter</p> <table border="1" data-bbox="922 409 1428 521"> <tr> <td data-bbox="922 409 1126 521">GAS SAFE Registration Number</td> <td data-bbox="1126 409 1428 521"></td> </tr> </table> <p>date of last inspection? (certificate to be enclosed with application)</p> <table border="1" data-bbox="922 566 1428 645"> <tr> <td data-bbox="922 566 1064 645"></td> <td data-bbox="1064 566 1249 645"></td> <td data-bbox="1249 566 1428 645"></td> </tr> </table> <p>I declare that the gas appliances in the property meet the safety requirements contained in any enactment</p> <p>Signed: _____ Date: _____</p>	GAS SAFE Registration Number				
GAS SAFE Registration Number						
3.19	<p><i>Note: where available (and applicable) provide supporting documentation to show the furniture is in safe condition. Upholstered articles such as beds, sofas, armchairs etc <u>must</u> conform to current Fire Safety Regulations</i></p> <p>I declare that the furniture and furnishings in the property meet the safety requirements contained in any enactment:</p> <p>Signed: _____ Date: _____</p>					
3.20	<p>Tenancy Arrangements</p> <p>Do you provide tenants with a written statement / tenancy agreement detailing the terms of their occupancy? <input type="checkbox"/> Yes / No</p>					
3.21	<p>Does the property have an Energy Performance Certificate?</p> <p>Please provide a copy of the EPC and state which banding the property is in. <input type="checkbox"/></p>					
<p>3.22 HMO Property information with floor plan.</p> <p>Where the house or flat is NOT a part 2 HMO, but is in multiple occupation, a floor plan must accompany the application, the following information must be included on the plan.</p> <p>Type of room e.g. <i>kitchen, bedroom etc</i> Location of fittings e.g. <i>baths, washbasins, cookers, fire resisting doors (marked FD)</i> Smoke and heat detectors and sounders, marked SD, HD and <)) respectively Smoke and heat detectors with integral sounders <i>marked SD<)) and HD<))</i> Fire alarm panel Position of any break glass manual fire alarm point Fire blankets (<i>marked FB</i>) Floor area Direction of staircase ↑ gives upward direction</p> <p>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 (e.g., copies of planning permissions, building regulations approvals, tenancy/licence agreements, certified accounts (or summaries) in support of your applications. The question and notes have drawn your attention to points on which supporting documentation may be required or helpful.</p> <p>If you are in any doubt, the Council will be pleased to guide you</p>						

3.23 HMO Property Information – where NO floor plan is included

Please write the location of each separate letting units (bedroom/bedsit) and complete all the information boxes. Indicate vacant rooms.

Details to be supplied on an additional information sheet where necessary

[illegible]

3.24 Other persons who need to be informed

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 (the lender)
- Any owner of the property to which the application relates (if it is not you) i.e. the freeholder and any head lessees 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 a periodic tenancy)
- The proposed licence holder (if it is not you)
- The proposed managing agent (if any) (if it is not you)
- 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:

- 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 is not you)
- That this is an application made 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 the 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.

Signed _____ Date _____

Name	Address	Description of person's interest in the property or the application	Date of service

Continue on separate sheet if necessary

PART 4 - DECLARATION

WARNING: IF YOU KNOWINGLY MAKE A FALSE STATEMENT OR FAIL TO COMPLY WITH ANY CONDITION OF THE LICENCE, YOU MAY BE LIABLE TO PROSECUTION

In considering whether the required standards and/or conditions have been met, the Local Authority may take into account other evidence available to it in addition to this declaration. An officer may also need to visit the property to check the situation and the accuracy of the declaration. If we need to visit, we will contact you to arrange a suitable time.

Note: Your application will NOT be valid until you complete all the relevant parts of this form, provide all necessary documents and paid the required fees.

Payment Terms and Direct Debit mandate should be completed unless you are paying with the application or have paid in advance and provided a copy of the receipt.

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 withhold information or provide false or misleading information this may result in my application being rejected.

To be completed by all applicants

Signature: _____ Date _____

Print Full Name:
Position (if acting on behalf of a company):

Signature: _____ Date _____

Print Full Name:
Position (if acting on behalf of a company):

Signature: _____ Date _____

Print Full Name:
Position (if acting on behalf of a company):

Enclosures		Tick items enclosed
A	Application fee or receipt for online payment	
B	Annual maintenance record for automatic fire detection system (if applicable)	
C	GAS SAFE annual Gas Safety Inspection certificates	
D	Electrical safety Certificate and Portable Appliance Test Certs (where required)	
E	Floor plan of property (HMO)	
D	Energy Performance Certificate (All relevant lettings)	
F	Proof of Accreditation, HHSRS assessment and proof of letting agent membership of redress scheme (where applicable)	
G	Licence Holder Valid Photo ID and recent Utility Bill for same address (All)	

DATA PROTECTION ACT 1988 - YOUR PERSONAL DATA

Rotherham MBC respects your personal information and undertakes to comply with the Data Protection Act 1988. 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. Rotherham MBC is the registered Data Controller.

Any queries regarding the processing of your personal data by Rotherham MBC should be directed to:- Data Protection Officer, Rotherham MBC, Riverside House, Main Street, Rotherham S60 1AE.

A copy of the Council's Data Protection Policy can be obtained by writing to the same address



Rotherham MBC Sundry Accounts

Please fill in the whole form including official use box using a ball point pen and send it to:

SELECTIVE LICENSING,
Community Protection Unit,
Regeneration and Environment,
Riverside House,
Main Street,
Rotherham,
S60 1AE.

Name(s) of account holder(s)

Bank/building society account number

--	--	--	--	--	--	--	--

Branch sort code

--	--	--	--	--	--

Name and full postal address of your bank or building society

To: The Manager	Bank/building society
Address	
Postcode	

Reference

--	--	--	--	--	--	--	--	--	--

Instruction to your bank or building society to pay by Direct Debit

Service user number

9	7	3	7	5	5
---	---	---	---	---	---

FOR Rotherham MBC OFFICIAL USE ONLY
This is not part of the instruction to your bank or building society

Proposed date of Direct Debit

1st	8th	15th	26th

Customer Telephone Number

--

Instruction to your bank or building society

Please pay Rotherham MBC Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with Rotherham MBC and, if so, details will be passed electronically to my bank/building society.

Signature(s)

--

Date

--

Banks and building societies may not accept Direct Debit Instructions for some types of account

DD11

This guarantee should be detached and retained by the payer.

The Direct Debit Guarantee



This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits

If there are any changes to the amount, date or frequency of your Direct Debit Rotherham MBC will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Rotherham MBC to collect a payment, confirmation of the amount and date will be given to you at the time of the request.

If an error is made in the payment of your Direct Debit, by Rotherham MBC or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society

— If you receive a refund you are not entitled to, you must pay it back when Rotherham MBC asks you to

You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

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DIVERSITY MONITORING

The Council needs to monitor customer contacts in order to improve services. Please help us to do this by providing the information on this form.

What is your gender

Male

☐

Female

☐

Which of the following age categories are you in?

Under 60

☐

60 to 74

☐

75+

☐

What do you consider to be your ethnic origin?

Categories	For official use
A) White <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy/Traveller <input type="checkbox"/> Any other White background	A01 A02 A03 A04
B) Mixed/Dual Heritage <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Any other Mixed background	B01 B02 B03 B04
C) Asian or Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background	C01 C02 C03 C04
D) Black or Black British <input type="checkbox"/> Caribbean <input type="checkbox"/> Somali <input type="checkbox"/> Any other Black African background <input type="checkbox"/> Any other Black background	D01 D02 D03 D04
E) Chinese or Chinese British <input type="checkbox"/> Any Chinese background	E01
F) Any Other Ethnic Group <input type="checkbox"/> Yemeni <input type="checkbox"/> Any other Arabic background <input type="checkbox"/> Any other Ethnic Group	F01 F02 F03
G) Refused to give information	G

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Application Guidance

You should read this before completing the application form and refer to it where necessary. We have tried to keep the applications as brief as possible but they need to contain certain information to comply with the relevant regulations.

The application form is broken into sections to assist applicants who are applying for more than 1 property. Applicants can combine Part 1, 2 and 4 with multiple copies of Part 3 if they are applying for multiple properties.

Part 1

If you are applying for many different properties which have different management arrangements you can submit one application Part 1 with multiple copies of Parts 2 to 4. Each application set

1.0 This section is where you detail the number of houses or flats you are applying for, whether you are Accredited with a national body or local authority and your desired method of payment.

You will need to complete 1.0(a) and 1.0(c) as a minimum. You should complete 1.0(b) if you want to apply for the Accreditation discount.

The Accreditation discount is only available if the property has had a HHSRS inspection within the last 6 months and if it was carried out by an **independent** letting agent (not a family relation), that the letting agent is a member of a government approved property redress scheme. Membership of such schemes became mandatory in October 2014. For more information on this please visit www.gov.uk

1.1 to 1.5 Full details of the applicant are required here.

1.1 is for use where the applicant is an individual.

1.2 to 1.4 are for use where a company or other corporate body is the applicant. If you are the person in control, receive the rent, manage the property then you are likely to be the most appropriate person to be the licence holder.

1.6 to 1.7 should be completed where there is another person nominated as the licence holder and a person managing the property day to day

1.8 to 1.9 is for the proposed licence holder (the applicant if appropriate) and where there is another property manager involved, to declare whether they are the most appropriate person to be the licence holder and manager, and to complete the fit and proper person test/declaration. More information on the fit and proper person tests can be found in the Landlord guide on our website.

Part 2

2.0 A list of the addresses applied for should be supplied here. 2.1 to 2.9 should contain the details of ALL the interested parties of the types listed. If you need to list more, do so on additional sheets.

Part 3

You can include a number of property information forms with each application **if** each has the same interested parties, management arrangements and proposed licence holder.

3.0 The full details of the property and the tenant(s) should be detailed here. For properties rented to asylum applicants this information is not required and inspections will be arranged through the managing agent.

3.1 to 3.21 is basic information about the property. All sections should be completed and relevant documents enclosed with the application. The application only asks for documentary evidence of things you should already have in place for the property.

If you do not have such a document, then state this in the application. **This will not necessarily result in your application being rejected but you should ensure you resolve the issue immediately.**

If you still have not completed the work by the time we inspect the property further enforcement action may be taken.

If you do not have an Energy Performance Certificate for the property you will more than likely need one. Enforcement action may be taken if you do not have one. For more information on when you will need an EPC, visit this website. <https://www.gov.uk/buy-sell-your-home/energy-performance-certificates>.

3.4 details the type of property you are applying for. The descriptions are below. You should tick all that apply to the property you are applying for.

For example you may be applying for a House in Single Occupation, and this will be all you need to tick in this section. However if you are applying for a Flat in single occupation and it is in a House that has been converted into flats or a purpose built block you should tick the appropriate boxes, and then the number of self-contained units in the block.

If you are applying for a licence for a House in Multiple Occupation then you need to also tell us how many self-contained and non self-contained units there are in the property.

3.22 to 3.23 This section **must** be completed if the property is a House in Multiple Occupation. A floor plan can be included, but if this is not possible then a listing of the rooms and their details and amenities should be provided.

3.24 You should complete this section and sign/date the declaration. You must notify these relevant people of the application details.

Part 4

This declaration must be completed by the applicant(s). We will share relevant information with other council services, partners and the Police for the purpose of deciding upon whether the licence holder and manager are the most appropriate person and for considering whether they meet the fit and proper person test.

Direct Debit Mandate

You only need to complete this if you have opted for payment by instalments. Please complete and return this with your application. We will set up the payment, arrange an invoice to be sent to you and arrange the direct debit with your bank.

House in single occupation

You should make this type of application if your property is a typical house or bungalow containing only one family household.

If you are applying for a number of houses with the same ownership, licence holder and interested parties information, you may include additional copies of the property information part to save you time but each one will be considered as a separate application.

Flat in single occupation

If your property is a self-contained flat and is only occupied by one family household, then you would make this type of application. You should also make this type of application if your flat is non-self-contained and is only occupied by one family household. However, you cannot make a non-self-contained flat application if there are any rooms or facilities that are shared with other households.

If you are applying for a number of flats with the same ownership, licence holder and interested parties information, you may include additional copies of the property information part to save you time but each one will be considered as a separate application.

House in multiple occupation (HMO)

If your property is a traditional HMO, you can make one application for the whole property. HMOs are usually properties in which households share rooms or facilities, such as bedsits or shared houses. Any HMO which is three or more storeys high and is occupied by five or more persons may be subject to mandatory HMO licensing under Part 2 of the Housing Act 2004. You should contact the council for further advice if you are unsure as to which type of licence you need.

Flat in multiple occupation

You should make this type of application if your property is a self-contained flat which is occupied by more than one family. A group of friends living together would not be considered as a single family household as they are not related, and so you would need to make this type of application.

House (or building) converted into self-contained flats

If you own a building that contains self-contained flats, then you may be able to make a single application for the whole property detailing each letting unit with an additional property information form for each self-contained unit. If heating and electrical systems are assessed for the whole building then you should indicate this on the application form.

Each separate self-contained unit will be considered as an individual application and will require a separate fee for the licence. Although you will apply for multiple properties you will receive one licence covering all the flats.

For example, you can make one application if you own the freehold and all of the flats within the building. The licence would cover every flat and all the common areas. It is still possible for a freeholder to licence the whole building, even if they do not own all of the flats. In this situation, the licence would cover the common areas and only those flats owned by the applicant. Those flats not owned by the freeholder would be specifically excluded from the terms of the licence. Any excluded flat would need to be licensed separately by its owner if it is privately let. A freeholder who does not own any flats within the building would not be required to licence the common parts. In such circumstances, each of the leasehold flats would need to be subject to a separate licence application.

Purpose built block of flats

You should make this type of application if your property is a purpose built block of flats. Applications may be made in accordance with the same principles as those set out in the paragraph above for buildings converted into self-contained flats.