

General Information continued...

Fill in this form in **black** or **blue** ink only. Please write only in the spaces provided. If you need to provide additional information, please do so on a clearly marked separate sheet and securely attach it to this application form.

The application form is divided into ten sections:

- Part 1** General details about the property, including all interested parties.
- Part 2** To be completed by the Proposed Licence Holder.
- Part 3** Must be completed if the property is managed by someone who is **NOT** the Proposed Licence Holder.
- Part 4** Is where you will provide information about the property for which you are applying for a licence.
- Part 5** Is where you will provide information about the management of the property and the facilities available to the occupants.
- Part 6** The declaration of the applicant and the Proposed Licence Holder.
- Part 7** Is where you confirm you have notified all parties with an interest in the property of your application for an HMO licence.
- Part 8** Equal opportunities.
- Part 9** Schedule of licensing fees
- Part 10** Information relating to spent offences and disclosure

In cases where there are multiple applications and the information in parts 1 to 3 is identical, it is acceptable to provide photocopies of these completed sections for each of the applications. **However photocopies of signatures will not be accepted so please ensure you provide original signatures for all declarations.**

If there are any parts of the application form that you do not understand or would like to ask about, then please contact the HMO Helpline on 0151 233 3018. You may also request a Licensing Officer assist you with completing the form for which there will be a charge (**see schedule of fees on page 41**).

The appropriate fee for a licence is payable upon application and may not be refundable. There may be further charges applied to the application for which you will be notified before they are incurred. **Cheques are to be made payable to Liverpool City Council.**

Discounts on the licence fee are available if the property is accredited with the proposed licence holder/owner/manager. **AN APPLICATION FOR ACCREDITATION (CLASS) IS NOT AN APPLICATION FOR A HMO LICENCE.** However you must **NOT** delay applying for an HMO licence in order to obtain a discount, as this may result in legal proceedings against you.

Legal Information

This application form does not guarantee the granting of a licence. You must answer all of the questions contained in the application form unless otherwise directed. Please be aware that your answers will be used by the Council to determine whether or not a licence will be granted and what conditions will be applied.

WARNING: IF YOU OWN OR MANAGE A PROPERTY THAT IS SUBJECT TO MANDATORY LICENSING AND YOU HAVE NOT APPLIED FOR A LICENCE YOU ARE COMMITTING A CRIMINAL OFFENCE. YOU CANNOT USE A SECTION 21 NOTICE TO EVICT A TENANT AND YOU MAY BE PROSECUTED. PROSECUTION MAY RESULT IN ONE OR ALL OF THE FOLLOWING:

Management Order	Control of the property is taken over by the council including collection of rents and issuing tenancies
A fine	of up to £20,000 can be imposed by the Magistrates' Court
Rent Repayment Order	enables the council or the tenants to recover any housing benefit or rents paid over the previous 12 months.

PART 1 GENERAL INFORMATION

1.0.0 Address of the HMO for which you are applying for a licence

.....
Postcode.....

1.1.0 Name and address of the owner of the HMO

Title: Mr Mrs Miss Ms Other

Surname:

First name/s:

Address:

Postcode:

Telephone No:

Please tick this box you are willing to receive documents by e-mail. You may withdraw this consent at any time

Email:

1.2.0 Name and address of the person applying for the licence

This means the person who you are proposing will hold the licence. If the Proposed Licence Holder is the property owner then please enter "as above" as your answer.

Title: Mr Mrs Miss Ms Other

Surname:

First name/s:

Address:

Postcode:

Telephone No:

Please tick this box you are willing to receive documents by e-mail. You may withdraw this consent at any time

Email:

IMPORTANT - DECLARATION**1.5.0 Owners' and Proposed Licence Holder's consent**

In questions 1.1.0 and 1.2.0 we asked you who the owner and the Proposed Licence Holder are. If the Proposed Licence Holder is NOT the owner then we must have mutual consent from the owner that they accept the Proposed Licence Holder and from the Proposed Licence Holder to consent to being the licensed person.

NB *Should the owner's main residence be outside of the UK, the licence holder must also obtain the owner's written and signed consent to complete the declaration in section 1.6.0. of this application. A signed and dated letter of authorisation is acceptable for this purpose.*

I/We as the owner/s of the above property, hereby give my consent to the person named in question 1.2.0 being the named licence holder (joint owners must all give their consent)

Name (print):..... Signature:.....

Date:.....

Name (print):..... Signature:.....

Date:.....

I as the Proposed Licence Holder consent to being the named licence holder

Name (print):..... Signature:.....

Date:.....

1.6.0 Please indicate the type of licence you are applying for

Please note applications for renewal of an existing licence should be made on a different form

Application for a mandatory HMO Licence

Application for a variation of an existing
Mandatory HMO Licence

1.7.0 Please indicate the type of house for which the application is being made

House in Multiple Occupation

Flat in Multiple Occupation

Other

Please Specify.....

Please go to Part 2

PART 2 DETAILS OF THE PROPOSED LICENCE HOLDER
PLEASE NOTE JOINT APPLICATIONS CANNOT BE ACCEPTED

2.0.0 Name and address of the Proposed Licence Holder

A licence can be held by one person only. There cannot be any joint applications.

The address provided for the Proposed Licence Holder must be their permanent residential or business address in the UK. Adequate proof of your address and identity must be submitted with this application. A photocopy of one example from list A and one from list B is acceptable:

List A – Identification: current UK driving licence, passport, national insurance document, companies house registered address

List B – Address: recent bank or building society statement, recent tax correspondence, recent council tax, business rates or utilities bill.

We need to see the originals of these documents before we can grant a licence. You will normally be asked to bring them with you when we carry out our initial visit to the property for which you are applying for the licence. You will also be required to bring along to that visit the current original gas safety certificate/s, the electrical installation periodic inspection report and, where appropriate, the fire alarm test certificate and emergency lighting test certificate.

Company Name

.....

Title:

Mr Mrs Miss Ms Other

Surname:

.....

First name/s:

.....

Address:

.....

.....

Postcode:

.....

Telephone No:

.....

Email:

.....

Proof of identity provided:

Driving licence Passport National Insurance Document

Companies House Registered Address Other

Proof of address provided:

Bank/Building Society Statement Tax Correspondence Council Tax Bill

Business Rates Bill Utilities Bill Other

2.1.0 Proposed Licence Holder Business Details

If the Proposed Licence Holder represents a company, partnership, charity or trust, please provide details below. If the organisation is a limited company please provide the Companies House registration number.

Company Partnership Charity Trust N/A - (go to question 2.5.0)

Organisation Name:

Company Registration No.

Registered Address

Postcode

Telephone number

Email

2.2.0 Proposed Licence Holder Business - Interested Parties

Please provide contact details of all of the company directors/partners/trustees – please use a separate sheet if there are more than two. Pre-printed information about the organisation is acceptable providing it has been validated by signatures of the appropriate persons.

Title: Mr Mrs Miss Ms Other

Name of Person:

Address.....

.....Postcode.....

Telephone No:.....

Email:.....

Position in organisation:

Title: Mr Mrs Miss Ms Other

Name of Person:

Address.....

.....Postcode.....

Telephone No:.....

Email:.....

Position in organisation:

2.3.0 Proposed Licence Holder Business – Company Secretary

Title:

Mr Mrs Miss Ms Other

Surname:

First name/s:

(continue on next page)

Address:	..... .....
Postcode:	.....
Telephone No:	.....

2.4.0 Official Correspondence Address

Please provide an address where all official correspondence should be sent. This address will be used on the public register. Please note a 'care of' address is not acceptable. **ALL directors/partners/trustees must sign their consent to use this address.**

Organisation Name	.....
Correspondence Address	..........
Postcode	.....
Telephone No.	.....
email	.....

IMPORTANT - DECLARATION

I hereby give my consent to the address cited in 2.4.0 above being used for all official correspondence and to be entered on the public register provided by Liverpool City Council

Name (print):..... Signature:.....

Position in Organisation..... Date:.....

Name (print):..... Signature:.....

Position in Organisation..... Date:.....

Name (print):..... Signature:.....

Position in Organisation..... Date:.....

Name (print):..... Signature:.....

Position in Organisation..... Date:.....

2.5.0 Fit and Proper Person

The law requires that the licence holder is a fit and proper person and provides the definition of 'fit and proper'. In determining whether or not any person involved in the management of the house is fit and proper the council must consider if they have a suitable level of competency as well as assessing the management structures and the funding arrangements. Your answers to the following questions will help us make this determination.

The council must consider any relevant evidence about the Proposed Licence Holder and any person associated or formerly associated with them, whether on a personal, work or other basis **See Part 9**.

2.5.1 Has the Proposed Licence Holder (PLH) or anyone associated with them ever been cautioned by the police or convicted of an offence involving any of the following? **Please note that convictions that are spent under the Rehabilitation of Offenders Act 1974 do not need to be declared. See Part 9**

	PLH		Associate	
	Yes	No	Yes	No
Fraud	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dishonesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Offences Act 2003, schedule 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have ticked yes in any of the above boxes, please provide the details below. Please use a separate sheet if required.

Date of Offence	Date Heard	Police or Court Involvement

2.5.2 Has the PLH or anyone associated with them ever been subject to unlawful discrimination proceedings relating to their business, involving the following:

	PLH		Associate	
	Yes	No	Yes	No
Sex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colour?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Race?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethnic or national origin?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability (continued on next page)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have ticked yes in any of the above boxes, please provide the details below. Please use a separate sheet if required.

Date of Offence	Date Heard	Police or Court Involvement

2.5.3 Has the PLH or anyone associated with them ever been cautioned or convicted of an offence under housing standards or public health legislation, such as failure to comply with a statutory notice, failure to apply for HMO registration/licence or breach of registration/licence conditions?

	PLH		Associate	
	Yes	No	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.5.4 Has the PLH or anyone associated with them ever been cautioned or convicted of an offence under landlord and tenant law, such as harassment or illegal eviction?

	PLH		Associate	
	Yes	No	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.5.5 Has the PLH or anyone associated with them ever been cautioned or convicted under Building Regulations or planning laws?

	PLH		Associate	
	Yes	No	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have ticked yes in any of the above boxes, please provide the details below. Please use a separate sheet if required.

Date of Offence	Date Heard	Police or Court Involvement

2.5.6 Within the last five years, has any local authority undertaken 'works in default' because of a failure by the PLH or an associate of them to comply with a statutory notice under housing, public health, planning or building control legislation?					
		PLH		Associate	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If relevant, provide details below, please use a separate sheet if necessary					
Type of notice	Date notice served	Local Authority		Nature of Works	

2.5.7 Has the PLH or anyone associated with them ever owned, managed or had involvement with a property that was subject to a control order under the Housing Act 1985 or an Interim/Full Management order under the Housing Act 1985					
		PLH		Associate	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If relevant, provide details below, please use a separate sheet if necessary					
Type of notice	Date notice served	Local Authority		Office Use Only	

2.5.8 Has the PLH or anyone associated with them ever been refused registration under an HMO registration scheme made under the Housing Act 1985, or had any such registration revoked for a breach of conditions?					
		PLH		Associate	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If relevant, provide details below, please use a separate sheet if necessary					
Date and Details of refusal/revocation			Local Authority involved		

2.5.9 Has the PLH or anyone associated with them ever been refused a licence under an HMO licensing scheme made under the Housing Act 2004 or had any such licence revoked for a breach of conditions?					
		PLH		Associate	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If relevant, provide details below, please use a separate sheet if necessary					
Date and Details of refusal/revocation			Local Authority involved		

2.5.10 Has the PLH ever acted in contravention of any Approved Code of Practice issued by the Office of the Deputy Prime Minister or any other government department in the management of HMOs?					
		PLH		Associate	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If relevant, provide details below, please use a separate sheet if necessary					
Code of Practice			Date and Details of Contravention		

IMPORTANT – DECLARATION

In order to process your application we may need to approach other services within the Council, other authorities such as the Police, Fire Brigade, The Office of Fair Trading, Credit Reference Agencies and any other organisation deemed relevant. We may also request that you obtain and provide us with information from the Criminal Records Bureau. The PLH must sign the declarations below

I, as the Proposed Licence Holder, hereby authorise any statutory body holding information about me, which falls into the categories above, to provide information to the council on request

Name (print):..... Signature:.....

Date:.....

I, as the Proposed Licence Holder, agree to obtain any information held about me by the Criminal Records Bureau and supply it to the council if I am requested to do so

Name (print):..... Signature:.....

Date:.....

2.5.11 Does the Proposed Licence Holder currently hold any licences for any other HMOs within the Liverpool City Council authority area?

Yes (please provide details below) No (go to question 2.5.12)

Total Number of Licences held.....

Please use extra sheets if required.

HMO Address	Date of Licence Application

2.5.12 Does the Proposed Licence Holder currently hold licence(s) for HMOs in any other local authority area in the UK?

Yes (please provide details below) No (go to question 2.5.13)

Total number of licences held.....

Please use extra sheets if required.

Address of HMO	Date of Licence Application	Local Authority Application Made With

2.5.13 Is the property accredited under the Council's **CLASS** Landlord Accreditation Scheme? CLASS accreditation attracts a discounted licence fee but this will apply only if the property was accredited PRIOR to application. Details of CLASS can be found on the Council web site or ring 0151 225 5988

Yes (please provide details below) No (go to question 2.5.14)

Please provide membership number(s), these can be found on your accreditation documents

2.5.14 Is the Proposed Licence Holder a member of any other accredited landlord scheme or does he/she have any other accredited properties with any other local authority?

Yes (please provide details below) No (go to question 2.5.15)

Please provide membership number(s) and the name of the local authority, these can be found on your accreditation documents

2.5.15 Is the Proposed Licence Holder a member of any landlords' associations or other professional bodies?
Yes <input type="checkbox"/> (please provide details below) No <input type="checkbox"/> (go to question 2.5.16)

2.5.16 Provide details of your management Procedures for this property	
Do you provide a written landlord management code of practice to the tenants Yes <input type="checkbox"/> No <input type="checkbox"/>	
Management procedures	Comments, if 'yes'
Are you a member of a Statutory tenancy deposit scheme Yes <input type="checkbox"/> No <input type="checkbox"/>	
If no provide details of other tenancy deposit schemes	
Provide written tenancy agreements to the tenants Yes <input type="checkbox"/> No <input type="checkbox"/>	
Arrangements for reporting repairs Yes <input type="checkbox"/> No <input type="checkbox"/>	
Carry out repairs within adequate time Yes <input type="checkbox"/> No <input type="checkbox"/>	
Provide written emergency landlord contact details Yes <input type="checkbox"/> No <input type="checkbox"/>	
Emergency procedures for dealing with drainage, gas and electrics. Yes <input type="checkbox"/> No <input type="checkbox"/>	

Please go to Part 3

PART 3 MANAGER

To be completed if the manager is **NOT** the Proposed Licence Holder

3.0.0 The manager's details	
Company name:	.....
Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>
Surname:	.....
First name/s:	.....
Address:	..... .....
Postcode:	.....
Telephone No:	.....
	Please tick this box you are willing to receive documents by e-mail. You may withdraw this consent at any time <input type="checkbox"/>
Email:	.....

3.1.0 Manager's Business Details	
If the manager is a company or member of a company, partnership, charity or trust and will manage the property on behalf of the licence holder, please provide details below. If the organisation is a limited company please provide the Companies House registration number.	
Company <input type="checkbox"/> Partnership <input type="checkbox"/> Charity <input type="checkbox"/> Trust <input type="checkbox"/> N/A <input type="checkbox"/> - (go to question 3.2.0)	
Organisation Name:	.....
Company Registration No.	.....
Registered Address	..........
Postcode	.....
Telephone number	.....
Email	.....

3.4.0 Official Correspondence Address	
Please provide an address where all official correspondence should be sent. This address will be used on the public register. Please note a 'care of' address is not acceptable. ALL directors/partners/trustees must sign their consent to use this address.	
Company Name	.....
Correspondence Address	..........
Postcode	.....
Telephone No.	.....
email	.....

3.5.0 Please provide details of person/company to whom all the rent is paid directly	
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other
Surname:	.....
First Name/s:	.....
Address:	..... .....
Post Code:	.....
Telephone No:	.....
Company <input type="checkbox"/> Partnership <input type="checkbox"/> Charity <input type="checkbox"/> Trust <input type="checkbox"/> N/A <input type="checkbox"/>	
Company Name:	.....
Company Registration No.	.....
Registered Address	..........
Postcode	.....
Telephone number	.....
Email	.....

IMPORTANT – DECLARATION

I hereby consent to the above address being used for all official correspondence and on the public register provided by Liverpool City Council.

Name (print):..... Signature:.....

Date:.....

Name (print):..... Signature:.....

Date:.....

Name (print):..... Signature:.....

Date:.....

Name (print):..... Signature:.....

Date:.....

3.6.0 Fit and Proper Person

The Local Authority must consider whether the manager is a fit and proper person and provides the definition of 'fit and proper'. In determining whether or not any person involved in the management of the house is fit and proper the council must consider if they have a suitable level of competency as well as assessing the management structures and the funding arrangements. Your answers to the following questions will help us to make this determination.

The council must consider any relevant evidence about the Proposed Licence Holder and any person associated, or formerly associated, with them whether on a personal, work or other basis **See Part 9**.

3.6.1 Has the manager or anyone associated with them ever been cautioned by the police or convicted of an offence involving any of the following? **Please note that convictions that are spent under the Rehabilitation of Offenders Act 1974 do not need to be declared. See Part 9**

	Manager		Associate	
	Yes	No	Yes	No
Fraud	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dishonesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Offences Act 2003, schedule 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have ticked yes in any of the above boxes, please provide the details below. Please use a separate sheet if necessary.

(continued on next page)

Date of Offence	Date Heard	Police or Court Involvement

3.6.2 Has the Manager or anyone associated with him ever been cautioned or convicted of an offence under housing standards or public health legislation, such as failure to comply with a statutory notice, failure to apply for HMO registration/licence or breach of registration/licence conditions?				
	Manager		Associate	
	Yes	No	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.6.3 Has the Manager or anyone associated with them ever been cautioned or convicted of an offence under landlord and tenant law, such as harassment or illegal eviction?				
	Manager		Associate	
	Yes	No	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.6.4 Has the Manager or anyone associated with them ever been cautioned or convicted under Building Regulations or planning laws?				
	Manager		Associate	
	Yes	No	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have ticked yes in any of the above boxes (3.6.1 – 3.6.4), please provide the details below. Please use a separate sheet if required.

Date of Offence	Date Heard	Police or Court Involvement

3.6.5 Within the last five years, has any local authority undertaken 'works in default' because of a failure by the Manager or an associate of them to comply with a statutory notice under housing, public health, planning or Building Control legislation?				
	Manager		Associate	
	Yes	No	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If relevant, provide details below, use a separate sheet if necessary (continued on next page)

Type of notice	Date notice served	Local Authority	Nature of Works

3.6.6 Has the Manager or anyone associated with them ever owned, managed or had involvement with a property that was subject to a control order under the Housing Act 1985 or an Interim/Full Management order under the Housing Act 1985

	Manager		Associate	
	Yes	No	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If relevant, provide details below, please use a separate sheet if necessary

Type of notice	Date notice served	Local Authority	Office Use Only

3.6.7 Has the Manager or anyone associated with them ever been refused registration under an HMO registration scheme made under the Housing Act 1985, or had any such registration revoked for a breach of conditions?

	Manager		Associate	
	Yes	No	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If relevant, provide details below, please use a separate sheet if necessary

Date and Details of refusal/revocation	Local Authority involved

3.6.8 Has the Manager or anyone associated with them ever been refused a licence under an HMO licensing scheme made under the Housing Act 2004 or had any such licence revoked for a breach of conditions?					
		Manager		Associate	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If relevant, provide details below, please use a separate sheet if necessary					
Date and Details of refusal/revocation			Local Authority involved		

3.6.9 Has the Manager ever acted in contravention of any Approved Code of Practice issued by the Office of the Deputy Prime Minister or any other government department in the management of HMOs?					
		Manager		Associate	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If relevant, provide details below. Please use a separate sheet if necessary.					
Code of Practice			Date and Details of Contravention		

IMPORTANT – DECLARATION

In order to process your application we may need to approach other services within the Council, other authorities such as the Police, Fire Brigade, The Office of Fair Trading, Credit Reference Agencies and any other organisation deemed relevant. We may also request that you obtain and provide us with information from the Criminal Records Bureau. The Manager must sign the declarations below.

I, as the Manager, hereby authorise any statutory body holding information about me, which falls into the categories above, to provide information to the council on request.

Name (print):..... Signature:.....

Date:.....

I, as the Manager, agree to obtain any information held about me with the Criminal Records Bureau and supply it to the council if I am requested to do so.

Name (print):..... Signature:.....

Date:.....

3.7.0 Is the Manager a member of any landlords' associations or other professional bodies?
Yes <input type="checkbox"/> (please provide details below) No <input type="checkbox"/> (go to question 3.7.3)

3.7.1 Provide details of your management procedures for this property	
Do you provide a written landlord management code of practice to the tenants Yes <input type="checkbox"/> No <input type="checkbox"/>	
Management procedures	Comments, if 'yes'
Are you a member of a Statutory tenancy deposit scheme Yes <input type="checkbox"/> No <input type="checkbox"/>	
If no provide details of other tenancy deposit schemes	
Provide written tenancy agreements to the tenants Yes <input type="checkbox"/> No <input type="checkbox"/>	
Arrangements for reporting repairs Yes <input type="checkbox"/> No <input type="checkbox"/> Carry out repairs within adequate time Yes <input type="checkbox"/> No <input type="checkbox"/>	
Provide written emergency landlord contact details Yes <input type="checkbox"/> No <input type="checkbox"/> Emergency procedures for dealing with drainage, gas and electrics. Yes <input type="checkbox"/> No <input type="checkbox"/>	

3.7.2 Please list any relevant landlord and tenant or housing management related training courses / conferences attended in the last three years

Please go to Part 4

Part 4 -DETAILS OF THE PROPERTY TO BE LICENCED

Please indicate type of property to be licensed

Detached Semi-detached Terraced End-terraced
 Back-to-back Residential block Mixed-use block Other

4.1.0 Approximate date of construction of the property

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

4.1.1 Provide details of any substantial building works or conversions carried out to the property. Include copies of planning consents, building regulations approval or certificates issued on completion of the works.

Description of works	Date of completion

4.1.2 How many storeys are there in the HMO?

Attics, loft conversions, basements and mezzanine floors count as storeys if they are used as living accommodation, i.e. living rooms and bedrooms, or if they are used in connection with the HMO, i.e. kitchen, bathroom, w/c, storage room, laundry, or used for gas/electric intake meters and water mains. Commercial storeys must also be included, except for basements in purely commercial use.

Storeys: 1 2 3 4 5 6 Basement: Yes No
 Attic / Loft Conversion: Yes No

Indicate on which levels the storeys are situated. Include commercial floors, basements and attics

Basement Ground First Second Third Fourth

Specify the number of floors if more than 4

Is there a basement used as part of the living accommodation, e.g. for storage, location of gas/electric intake meters, water main? Yes No

Specify type of use:.....

(continued on next page)

Is there an attic/loft conversion being used as part of the living accommodation; i.e. kitchen, bathroom, w/c or storage? Yes No

Specify type of use:.....

Is any part of the property used for separate commercial business?

Yes No If yes, specify

4.2.0 Type of accommodation			
Note – reference to amenities means kitchen, bath/shower room and w/cs			
Shared House (i.e. student shared house living as one household)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Common Lounge Yes <input type="checkbox"/> No <input type="checkbox"/>	Specify number of bedrooms <input type="text"/>
Bedsit Accommodation (i.e. combined living and sleeping area)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Common Lounge Yes <input type="checkbox"/> No <input type="checkbox"/>	Specify number of bedrooms <input type="text"/>
Fully Self-Contained Flats (i.e. all amenities provided within flat)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Common Lounge Yes <input type="checkbox"/> No <input type="checkbox"/>	No of floors within flat <input type="text"/>
Non Self-Contained Flats (i.e. some amenities outside entrance door to flat)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Common Lounge Yes <input type="checkbox"/> No <input type="checkbox"/>	Specify number of non self-contained <input type="text"/>

4.2.1 Persons Living at the property	
<p>How many households occupy the property at present? <input type="text"/></p> <p>A household is defined as follows: Members of the same family living together including:</p> <ul style="list-style-type: none"> • Persons married to each other or living as husband and wife (or in an equivalent relationship in the case of persons of the same sex) • Relatives living together, including parents, grandparents, children, (and step children), grandchildren, brothers, sisters, uncles, aunts, nephews, nieces or cousins. • Half-relatives will be treated as full relatives. A foster child living with his foster parent is treated as living in the same household as his foster parent. • Domestic staff are included in the household if they are living rent-free in the accommodation provided by the person for whom they are working. <p>Therefore, three unrelated friends sharing living accommodation are considered to be three separate households. A couple sharing with a third unrelated person would constitute two households. A family renting a property is a single household. If that family had an au pair to look after their children that person would be included in their household.</p>	
<p>4.2.2 How many individual persons occupy the property at present? <input type="text"/></p> <p>This includes babies and children and resident landlords and members of their families</p> <p>.....</p>	

4.2.3 Is there a resident landlord?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	if no go to 4.2.7
4.2.4 Is the PLH the resident landlord?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	if no go to 4.2.7
4.2.5 Number of persons resident in landlord's household	<input style="width: 50px; height: 20px;" type="text"/>	N/A <input type="checkbox"/>	
This includes children and babies			
4.2.6 Specify which rooms in the house are occupied by the resident landlord's household			
4.2.7 Please indicate the number of households for which you would like the licence	Please indicate the number of occupants for whom you would like the licence		

4.2.8 Board Arrangements
<p>Are meals provided Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please specify</p> <p>.....</p> <p>.....</p> <p>.....</p>

4.3 Please complete the following table indicating the number of facilities provided and whether they are shared or for exclusive use. Children of any age including babies must be included in the number of people			
Amenity	Shared	Exclusive use	Total number
Bathroom with bath or shower, toilet and wash hand basin			
Separate bath			
Separate shower			
Separate toilet with wash hand basin			
Separate toilet with NO wash hand basin			
Shared Common Lounge			
Bedsit rooms with cooking facilities			
4 ring Hob Yes <input type="checkbox"/> No <input type="checkbox"/>			
2 ring Hob Yes <input type="checkbox"/> No <input type="checkbox"/>			

Oven and Grill	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Food storage cupboard	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Microwave Oven	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Kettle	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Worktops	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Fridge Freezer	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Toaster	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Shared Kitchen					
Shared Cooker					
Shared Sink with drainer					
Shared Fridge with freezer					
Shared fridge without freezer					
Supply of constant cold and hot water to the sink(s) wash hand basin(s) bath(s) shower(s) etc					
Yes <input type="checkbox"/>			No <input type="checkbox"/>		
Type of shared kitchen facilities					
4 ring Hob	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
4 ring Hob, oven / grill	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
2 ring Belling type	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Food storage cupboard	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Microwave Oven	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Kettle	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Toaster	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Fridge Freezer	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Fixed work surface for food preparation indicate quantity in square metres					
Electric sockets in kitchen above work top					
Electric sockets in kitchen below work top					

4.4 Indicate the type of ventilation in each shared kitchen		
Openable windows	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Window vents	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Air bricks	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Mechanical ventilation	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If other specify		

4.5.0 Indicate the type of ventilation in each shared Bathroom		
Openable windows	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Window vents	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Air bricks	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Mechanical ventilation	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If other specify		

4.6.0 Have refuse disposal facilities been provided		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes provide details of refuse disposal facilities		

4.7.0 Considering the age, character, and locality of the property, please state if is it:		
(a) structurally sound and in reasonable repair	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(b) reasonably free from damp	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(c) reasonably well maintained and clean	Yes <input type="checkbox"/>	No <input type="checkbox"/>

4.8.0 Arrangements, facilities and space for rubbish storage and disposal. <i>Give number and types of bin and describe storage area, for example, "in rear yard".</i>	
Number	.....
Type: Wheelie Bin	<input type="checkbox"/>
Euro Bin	<input type="checkbox"/>
Paladin	<input type="checkbox"/>
Plastic Bin Bags	<input type="checkbox"/>
Storage area	<input type="checkbox"/>
Other specify	

4.9.0 Has the property been risk-assessed for the presence of asbestos Yes No

If yes, provide details of any control measures implemented

Please go to Part 5

Part 5

Part 5 Facilities and Management – You must fully complete this section

Property details – Is there a schedule for the following:

Planned Maintenance (not including response to repair complaints)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Inspection of furniture and furnishings	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Inspection of equipment (i.e. washing machine, microwave, kettle, toaster, Iron, portable electric fire, etc)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

5.1.0 Fire Precautions

Indicate which of the following fire precautions and means of escape in case of fire are present in the property

Mains-wired Fire Alarm Panel	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Mains powered smoke/heat alarms with NO fire alarm panel	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Mains powered smoke/heat alarms to the following areas:		
Common parts only (i.e. entrance hall, 1 st floor landing, etc)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Habitable rooms only (i.e. bedrooms, lounge, kitchen, etc)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Full coverage to all areas	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Battery operated smoke alarms	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sounders/alarms on all levels	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Emergency Lighting to common parts	Yes <input type="checkbox"/>	No <input type="checkbox"/>

5.2.0 Fire Alarm Maintenance

Is the existing fire alarm system maintained in good repair and working condition? – if no, specify	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is a contractor employed to service and maintain the fire alarm system? If yes, provide details:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a log book to detail activations, inspections & testing? (A log book must be provided and maintained)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a current, valid fire alarm service and testing certificate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a current, valid emergency lighting service and testing certificate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

5.3.0 Other Fire Precautions		
Are fire extinguishers provided? – if yes, are they serviced and maintained?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are fire blankets provided in the kitchen(s)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are the kitchens fitted with fire doors?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, are these doors fitted with:		
Intumescent strips (Both side edges and top edge)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Smoke seals (both side edges and top edge)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Self-closers	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are the remaining doors fire doors, i.e. those that open onto the internal common parts, i.e. hall, staircase and landing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, are these doors fitted with:		
Intumescent strips (Both side edges and top edge)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Smoke seals (both side edges and top edge)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Self-closers	Yes <input type="checkbox"/>	No <input type="checkbox"/>

5.4.0 Is the escape route (i.e. hall, staircase and landing areas) kept clear of obstructions and flammable materials?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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5.5.0 Heating and Utilities		
What type of heating does the property have?		
Central Heating, if yes, is it:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Gas-fired	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Oil-fired	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Electric	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other		
Off-peak night storage heaters	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Individual wall-mounted gas heaters	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Individual wall-mounted electric heaters	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are bottled gas heaters provided	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If bottled gas, give details for collection and storage		
Other please specify		
.....		

5.5.1 IMPORTANT – DECLARATION	
Is there any gas supply to the property	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>If yes, sign the following declaration and enclose a copy of the current, valid landlord's Gas Safety Certificate, which MUST have been completed by a CORGI registered engineer who is registered to provide such a certificate.</p> <p>I the Proposed Licence Holder declare that any gas appliances in the HMO/house (delete as appropriate) meet any safety requirements contained in any enactment.</p> <p>Signed..... Print name.....</p>	

<p>5.5.2 Please confirm that a competent electrical engineer who is a member of an accredited competent person scheme has issued an electrical safety certificate – Periodic Inspection Report – within the last five years, certifying that the whole of the electrical installation is safe for use. You must enclose a copy of the report with this application.</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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5.5.3 Electrical Appliances		
What electrical appliances are provided in the property by the landlord?		
Electric cooker	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Microwave	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Kettle	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Toaster	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Iron	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other specify.....	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes to any of the above, has a recent Portable Appliance Test (PAT Test) been carried out on these appliances?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
All electrical appliances MUST have a current PAT test within 12 months of issue of a licence.		

5.5.4**IMPORTANT – DECLARATION**

I, the Proposed Licence Holder, declare that all the electrical appliances in the HMO provided under the terms of any tenancy or licence meet any safety requirement or enactment.

Signed..... Print name.....

Enclose a copy of your portable appliance testing certificate by a competent person

5.5.5**IMPORTANT – DECLARATION****Furniture and Furnishings**

I, the Proposed Licence Holder, declare that all the furniture and furnishings in the HMO provided under the terms of any tenancy or licence meets any safety requirement or enactment.

Signed..... Print name.....

5.6.0 Lifts and Hoists

Do the premises contain a lift or hoists?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, provide a copy of the current safety certificate issued under the "The Lifting Plant and Equipment (Records of Testing and Examination etc,) Regulations 1992"

5.7.0 Insulation

Is the loft insulated?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If there are cavity walls are they insulated?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Are the windows double-glazed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Are all the windows openable and in good repair?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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For Office Use Only

5.8.0 Tenancy Management

Please note that you should provide with this application form, a sample copy of the current tenancy agreements

5.8.1 Please confirm whether or not you provide the following documents to your tenants:

Tenancy agreement/written details of the terms of the tenancy	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Rent book/receipts	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Repairs contract/procedure	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please provide details and emergency numbers for contractors for urgent repairs, e.g. electrical, plumbing, gas.

5.9.0 Financial Status

A licence holder must have appropriate finances available to ensure the proper management and maintenance of the house. Where a manager is employed, financial arrangements must be made which would enable him to carry out the works deemed necessary for the proper management of the house. Your answers to the following questions will help the council decide whether or not adequate arrangements exist to ensure compliance with licence conditions and the general HMO standards.

5.9.1 Is the PLH or anyone associated with him an un-discharged bankrupt?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	If you answer yes please provide details below
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5.9.2 Are there any outstanding County Court judgements against the PLH or anyone associated with him, or any company of which he is the director or secretary?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	If you answer yes please provide details below
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5.9.3 If the PLH does not have a freehold interest or a long lease with full repairing obligations on the house, please answer the following questions. If this is not the case, please go to question 5.9.4		
Does the PLH/Manager have the power to carry out any works required by the local authority?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the PLH/Manager have the power to comply with any conditions imposed by the local authority?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there any financial limitation on the amount of work the PLH/Manager can carry out?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please detail below the value of the work that can be carried out without further authorisation and the procedure that must be followed if the cost of works exceed this limit		

5.10.0 Security		
Is the front entrance door well fitted and provided with a secure lock?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the back door well fitted and provided with a secure lock?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have window locks been fitted? <i>If yes please state below which windows have been fitted i.e. ground floor, first floor etc.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the property been fitted with an intruder alarm?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If the property has been fitted with an intruder alarm, please provide the key holder contact details below, including telephone number. <i>The key holder is the person who can be contacted to silence the alarm if none of the residents are available</i>		

5.11.0 Further information

Please provide any further details below that will help us assess the management procedures in place

Please go to Part 6

Part 6 Declaration of Applicant and Proposed Licence Holder

Please be aware that it is a **criminal offence** to knowingly supply information that is false or misleading for the purposes of obtaining a licence. Evidence of any statements made in this application may be required at a later date. If we subsequently discover something that is relevant and which you should have disclosed, or which has been incorrectly stated or described, your licence may be revoked in addition to any other legal action that may be considered appropriate. **Operating an HMO that should be licensed without a licence is an offence for which upon conviction, could result in a fine of up to £20,000.** In addition to this, a Residential Property Tribunal may make a rent repayment order requiring you to repay any rents or housing benefits received for the previous 12 months

6.1.0 Enclosures

Please tick the relevant boxes below to indicate what documents you are providing with your application.

A	Evidence of business/permanent residential address of the Proposed Licence Holder	<input type="checkbox"/>
B	Proof of identity of the Proposed Licence Holder	<input type="checkbox"/>
C	Copy of management contract with the owner	<input type="checkbox"/>
D	Building Regulations completion certificate (if relevant)	<input type="checkbox"/>
E	Planning listed building consent (if relevant)	<input type="checkbox"/>
F	Fire alarm test certificate	<input type="checkbox"/>
G	Emergency lighting test certificate	<input type="checkbox"/>
H	Service contract for fire alarm system	<input type="checkbox"/>
I	Landlord's gas safety certificate <i>(copies acceptable for submission of application, originals will be requested at a later date)</i>	<input type="checkbox"/>
J	Periodic test certificate for the electrical installation <i>(copies acceptable for submission of application, originals will be requested at a later date)</i>	<input type="checkbox"/>
K	Current Lift Safety Certificate (if applicable)	<input type="checkbox"/>
L	Copy of current tenancy agreement/s <i>(copies acceptable for submission of application, originals will be requested at a later date)</i>	<input type="checkbox"/>
M	Cheque for licensing fee (see part 9)	<input type="checkbox"/>

Please go to declaration on next page

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 provide any information to Liverpool City Council in connection with any functions under parts 1 to 4 of the Housing Act 2004 that is false or misleading and which I/we know to be false or misleading or I/we are reckless as to whether it is false or misleading

Print Name..... Signature.....Date.....

Print Name..... Signature.....Date.....

Print Name..... Signature.....Date.....

Print Name..... Signature.....Date.....

In the case of partnerships or trustees, all partners or trustees must sign. In the case of a limited company, the form must be signed by the company secretary or other authorised signatory, in which case we will require proof of authority.

Please go to Part 7

Part 7 – Confirmation of Notification of Interested Parties

You must let all parties with an interest in the property know that you have applied for an HMO licence.

These persons may include:

- Any mortgagee (mortgage lender) of the property to be licensed
- Any owner of the property to which the application relates (if that is not the applicant) i.e. the freeholder and any head lessors that are known to you
- Any other person who is a tenant or a 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 that is not the applicant)
- The proposed managing agent (if any) (if that is not the applicant)
- Any person who has agreed to be bound by any conditions of the licence if it is granted

You must tell each of these persons:

- Your name, address, telephone number, fax number and email address (if any)
- The name, address, telephone number, fax number and email address (if any) of the Proposed Licence Holder
- Whether this is an application for an HMO licence under part 2 or 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 confirm that I/we have given notice of this application to the following people, who are to the best of my knowledge, the only people required to be informed that I/we have made this application

Print Name..... Signature.....Date.....

Print Name..... Signature.....Date.....

Print Name..... Signature.....Date.....

Print Name..... Signature.....Date.....

Please go to Part 8

Part 8 – Equal Opportunities

This information relates to the Proposed Licence Holder

Liverpool City Council operates an Equality Policy. In order to make sure that our services are delivered in a fair way we need to know who is using the services. The following information will help us to ensure that our services meet everyone's needs. We will only use this information for monitoring purposes

8.1.0 Ethnicity

Asian or Asian British

Bangladeshi <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Indian <input type="checkbox"/>	Asian British <input type="checkbox"/>	Asian Other <input type="checkbox"/>
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Black or Black British

Caribbean <input type="checkbox"/>	African <input type="checkbox"/>	Somali <input type="checkbox"/>	Nigerian <input type="checkbox"/>
Black British <input type="checkbox"/>	Any other African <input type="checkbox"/>	Other black background <input type="checkbox"/>	

Chinese or other Ethnic Group

Chinese <input type="checkbox"/>	Traveller <input type="checkbox"/>	Gypsy <input type="checkbox"/>	Yemeni <input type="checkbox"/>	Other (please specify)
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White

British <input type="checkbox"/>	Irish <input type="checkbox"/>	Other <input type="checkbox"/>
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Mixed

White and Black Caribbean <input type="checkbox"/>	White and black African <input type="checkbox"/>	White and Asian <input type="checkbox"/>	Any other mixed background <input type="checkbox"/>
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8.2.0 Disability

Do you consider yourself to be a disabled person?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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8.3.0 Sex

Are you	male <input type="checkbox"/>	Female <input type="checkbox"/>
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8.4.0 Age

Under 18 <input type="checkbox"/>	18 to 24 <input type="checkbox"/>	25 to 44 <input type="checkbox"/>	45 to 60 <input type="checkbox"/>	Over 60 <input type="checkbox"/>
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Part 9 – Schedule of Fees

Licensing fees are payable to cover the costs of running the scheme. All first applications will be for 12 months.

Licence renewal forms will be sent out automatically when renewal is due. The renewal fee and period will depend on whether or not licence conditions have been met. Renewal for a 3-year period will be an option only if all the conditions have been met and there have been no justifiable complaints. Otherwise, you will be allowed to renew your licence for a maximum of one year only and the council may reduce the period of the renewed licence to as little as 3 months. In the worst case, where few or none of the conditions have been met, the council may revoke the licence and may even prosecute.

Applying For a Discounted Fee For Landlords Accredited under CLASS

Landlords who have accredited their property under the CLASS scheme are entitled to a discounted licence fee. However you should be aware that in order to accredit a property that is subject to mandatory HMO licensing the property must meet the licence standards for fire safety. If we later discover that the property does not meet the standard for fire safety, you may lose your accredited status and will be liable for the full fee.

AN APPLICATION FOR ACCREDITATION (CLASS) IS NOT AN APPLICATION FOR A HMO LICENCE. However you must NOT delay applying for an HMO licence in order to obtain a discount, as this may result in legal proceedings against you.

General Licensing Fees

Application 2008-9	Initial Fee	Renewal Fee (subject to annual review)	
Accredited	£297	3 yrs £200	1 yr £107
Non-Accredited	£555	3 yrs £481	1 yr £197

*This is a projected fee based on three one-year licences and will be greater if the Council has reduced the licence renewal period

Miscellaneous Other Fees

	Accredited	Non-Accredited
General enquiry letter to interested parties	£15	£20
Variation – change owner, manager or permitted numbers (not licence holder)	£60	£75
Change in Licence Holder	£297	£555
Premises where application of licensing is unclear (i.e. mezzanine floors or non self-contained flats)	6 months to apply under 2006 rates following clarification	6 months to apply under 2006 rates following clarification
Not notifying the council of a variation in ownership or manager (not licence holder)	£150	£150
Viewing the Licence Register	Free	£37
Copy of the Licence Register	£5	£15
Assisting with application	First hour free then £30 per hour or part thereof	£30 per our or part thereof

Part 10 – Information on Disclosures and Spent Offences

Under the Housing Act 2004, licence holders and managers of houses in multiple occupation must be fit and proper persons to undertake the responsibilities of running them. In order to assist the Council in making proper assessments of suitability, details about previous convictions for criminal offences must be disclosed. Under the Rehabilitation of Offenders Act 1974, there is no requirement to provide details about previous convictions that are 'spent'. A conviction becomes spent after a certain length of time, which changes depending upon the sentence and the age of the person at the time of the conviction. The periods are halved if the conviction took place when aged 17 or less.

Sentence	Period of good conduct needed for the conviction to be spent
6 months to 2.5 years imprisonment	10 years
Less than 6 months imprisonment	7 years
Borstal training	7 years
A fine or Community Services Order	5 years
Probation Order, Conditional Discharge or Bind Over	1 year
An absolute discharge	6 months

Note

If a person is sentenced to more than 2.5 years in prison, his/her conviction can never become 'spent'

Any information given will be treated as confidential and used only in connection with this application.

If you have any doubts about whether you have to declare a previous conviction, you should contact your local Probation Office, the Citizens Advice Bureau or a solicitor.

Disclosure Scotland can provide a basic disclosure that contains details of unspent convictions personal to an applicant. This type of disclosure is only issued to the applicant and may be used more than once.

Contact Details:

PO Box 250
Glasgow, G511 1YU

Telephone: 0870 609 6006
Fax: 0870 609 6996

Email: info@disclosurescotland.co.uk

Web: www.disclosurescotland.co.uk