

HOUSING ACT 2004 PART 3

Additional Licence Application

For Office Use Only Type of Licence	
Licence Holder	
ESB Ref No	
Received Date	

PART ONE: APPLICATION SUMMARY

This section must be completed in full

Before completing this form, please read the guidance notes to ensure that your property requires a licence and your property is located in a Additional Licensing designated area. If you have any doubt, please contact the Housing Licensing Team (contact details at the end of this form).

Fill in this form in **black** ink only, write clearly within the boxes provided and complete in conjunction with the guidance notes. If additional information is supplied on separate sheets please make sure they are securely attached to the application form. If you make a mistake, or do not complete all of the relevant sections, it may delay the processing of the application and incur further charges. If you need any assistance completing the form, please contact the Housing Licensing Team to arrange an appointment.

FAILURE TO APPLY FOR A LICENCE FOR A PROPERTY THAT IS SUBJECT TO LICENSING IS A CRIMINAL OFFENCE AND MAY RESULT IN LEGAL ACTION BEING TAKEN AND A FINE OF UP TO £20,000.

ADDRESS OF PROPERTY TO BE LICENSED:
Postcode:

Licence Holder's interest in the property	<input type="checkbox"/> Owner <input type="checkbox"/> Leaseholder <input type="checkbox"/> Agent/Manager <input type="checkbox"/> Other:
---	--

1.1 LICENCE HOLDER: The Applicant must be a named individual

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other:	
Full Name:	
Business Name if relevant:	
Residential or Business Address	
Home telephone no:	
Work telephone no:	
Mobile telephone no:	
e-mail address:	

1.2 OWNER DETAILS: (where this is different from the Licence holder)

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other:	
Full Name:	
Business Name if relevant:	
Residential or Business Address:	
Home telephone no:	
Work telephone no:	
Mobile telephone no:	
e-mail address:	

1.3

**MANAGER/AGENT: (where this is not the Owner or Proposed Licence Holder).
The Manager must be a named individual**

Title: Mr Mrs Miss Ms Other:

Full Name:

Business Name if relevant:

Residential or Business Address:

Home telephone no:

Work telephone no:

Mobile telephone no:

e-mail address:

1.4

LEASEHOLDER: (if not any of the above) - must be a named individual

Title: Mr Mrs Miss Ms Other:

Full Name:

Business Name if relevant:

Residential or Business Address:

Home telephone no:

Work telephone no:

Mobile telephone no:

e-mail address:

Freeholder Leaseholder Neither

Please send a copy of the current lease with the application form.

1.5

If the proposed licence holder is part of a company, partnership, charity or trust, please provide contact details below

Limited Company Partnership Charity Trust

Full Name:

Address:

Postcode:

Telephone Number:

Email:

Registered company number:

1.6

Have any of the above applied to another authority for a Housing Licence? Yes No

1.7

Have any of the above applied to Blackpool Council for a Housing Licence? Yes No

Local Authority	Applicant Name	Property Address	Date APPLIED or Date GRANTED

The Proposed Licence Holder and Manager (if applicable) must complete Part Two (Fit and Proper Persons Details) if this is the first application for this designated area. If this is a subsequent licence application, please go direct to Part Three (Property Details).

PART TWO: FIT & PROPER PERSON DETAILS

Note: The Council will carry out checks to make sure the person(s) applying for the licence is a fit and proper person. In addition this may, if required, involve the applicant completing a Disclosure & Barring Service (DBS) application. This check will show all unspent convictions under the Rehabilitation of Offenders Act 1974

2.1 PROPOSED HOLDER: The proposed holder must be a named individual

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other:	
Full Name:	
Business Name if relevant:	
Residential or Business Address	
Home telephone no:	Work telephone no:
Mobile telephone no:	
e-mail address:	
Date of Birth:	DD MM YYYY Place of Birth :
Proof of identity and current address: (two of) to be submitted with application :	<input type="checkbox"/> Passport <input type="checkbox"/> Driving licence <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Utility Bill <input type="checkbox"/> Other:
Interest in property:	<input type="checkbox"/> Owner <input type="checkbox"/> Manager <input type="checkbox"/> Leaseholder <input type="checkbox"/> Other:

2.2 MANAGER/MANAGING AGENT: (if different to Licence Holder) must be a named individual

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other:	
Full Name:	
Business Name if relevant:	
Residential or Business Address	
Home telephone no:	Work telephone no:
Mobile telephone no:	
e-mail address:	
Date of Birth:	DD MM YYYY Place of Birth :
Proof of identity and current address: (two of) to be submitted with application :	<input type="checkbox"/> Passport <input type="checkbox"/> Driving licence <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Utility Bill <input type="checkbox"/> Other:
Interest in property:	<input type="checkbox"/> Owner <input type="checkbox"/> Manager <input type="checkbox"/> Leaseholder <input type="checkbox"/> Other:

2.3	Is the proposed licence holder a member of any landlords association eg RLA, NLA, NWLA or other? Please indicate:		
	Organisation		Since
2.4	Is the proposed licence holder an accredited landlord in this or another authority?		
	Organisation		Since
2.5	Please list training courses / conferences attended – relevant to property management – by the proposed licence holder in the last three years.		
	Training Course		Date
The local authority must consider evidence whether the proposed licence holder and manager is a fit and proper person.			
2.6	Has the proposed licence holder or manager:		
	Committed any offence involving fraud or other dishonesty (including benefit fraud), violence, drugs or any offence listed in Schedule 3 to the Sexual Offences Act 2003? (subject to the Rehabilitation of Offenders Act 1974)	Proposed Licence Holder <input type="checkbox"/> Yes <input type="checkbox"/> No	Manager <input type="checkbox"/> Yes <input type="checkbox"/> No
2.7	Has the proposed licence holder or manager:		
	Practiced unlawful discrimination on grounds of sex, colour, race, ethnic or national origins or disability in or in connection with any business?	Proposed Licence Holder <input type="checkbox"/> Yes <input type="checkbox"/> No	Manager <input type="checkbox"/> Yes <input type="checkbox"/> No
2.8	Has the proposed licence holder or manager:		
	Contravened any legislation to housing, public health, environmental health or landlord and tenant law?	Proposed Licence Holder <input type="checkbox"/> Yes <input type="checkbox"/> No	Manager <input type="checkbox"/> Yes <input type="checkbox"/> No
2.9	Has the proposed licence holder or manager, ever been convicted for non-compliance of a Statutory Notice under:		
	Housing, Environmental Health, landlord and tenant, Public Health, Health and safety or building regulations or planning laws?	Proposed Licence Holder <input type="checkbox"/> Yes <input type="checkbox"/> No	Manager <input type="checkbox"/> Yes <input type="checkbox"/> No
2.10	Has the proposed licence holder or manager ever been in control of a property:		
		Proposed Licence Holder	Manager
	Subject to a Control Order or Management Order?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Where works have been carried out in default?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Been refused a licence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Breached conditions of a Housing Act 2004 licence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.11	A licence holder must have financial arrangements necessary to ensure the property is properly managed and maintained. Please answer the following questions.		
		Proposed Licence Holder	Manager
	Do you have the authority to repair and maintain the property and have the financial arrangements necessary to repair the property? (Further financial checks may be made)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you an undischarged bankrupt?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are there any County Court Judgements (CCJs) against you or any company of which you are the director or secretary?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART THREE: DETAILS OF PROPERTY DETAILS

SECTION 3.1 DETAILS OF PROPERTY TO BE LICENSED

Please indicate the type of property to be licensed	
If converted in accordance with 1991 Building Regulations please provide a completion certificate.	
Number of units in property which can be occupied	
How many storeys are there in the property? Include basement and attic flats but not cellars:	
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Other	
How many individual people occupy the property at present (including children)?:	
How many households/families occupy the property at present ?:	
What is the maximum number of individual people who could occupy the property?:	
What is the maximum number of households that could occupy the property?:	
Please indicate the type of property to be licensed:	
<input type="checkbox"/> Detached <input type="checkbox"/> Semi-Detached <input type="checkbox"/> Mid-terrace <input type="checkbox"/> End terrace	
<input type="checkbox"/> Other:	
If the property has been converted into self-contained flats, please supply the approximate date:	
Please give approximate date of construction of the property:	
<input type="checkbox"/> Pre 1920 <input type="checkbox"/> 1920 - 1945 <input type="checkbox"/> 1946 - 1979 <input type="checkbox"/> Post 1979	
Is any part of the property used for separate commercial activity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please give details and location of the commercial activity below:	
Is there a resident owner, landlord or manager? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the proposed licence holder the resident owner, landlord or manager? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no go to Section 3.2)	
Total number of people in resident owner/landlord/manager's household including the landlord?:	
Which flat/rooms in the property are occupied by resident landlord's household?:	

SECTION 3.2 DETAILS OF INSTALLATIONS & APPLIANCES

What form of heating is there in the property?		
Radiator/s as part of the gas/oil fired central heating system	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Individual wall-mounted electric heater/s	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other, please state:		
Smoke alarms		
Is the property fitted with smoke alarms?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are these mains wired?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a current fire alarm test certificate? If yes, please provide a copy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is a contractor employed to inspect and maintain the fire alarm system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has a fire safety risk assessment been undertaken?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
You may be requested to provide a copy of this on demand to the Council		
Are there any gas appliances in the property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If NO, an electrical installation condition report must be provided within 2 months of application. If YES, please provide a copy of a valid Gas Safety Certificate		
Date of Certificate : DD MM YYYY		
Is there an Electrical Installation Condition Report?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, please provide a copy.		
Date of Certificate : DD MM YYYY		
Are any portable electrical appliances (such as kettles, vacuum cleaners, washing machines, multiple plug adapters) supplied to the property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so have these been checked for safety?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is any furniture or soft furnishings provided to the property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do these meet fire resistance standards laid out in the Furniture and Furnishings (Fire) (Safety) Regulations 1988?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SECTION 3.3 PROPERTY AND TENANCY MANAGEMENT

Is there a notice giving the direct contact details of the person managing the property, displayed in a suitable position?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are arrangements in place for general maintenance?	Internal? <input type="checkbox"/> Yes <input type="checkbox"/> No	External? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the property structurally sound, clean and in good repair?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintained in a good external decorative repair ?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Kept free from accumulation of refuse/litter and have arrangements been made to ensure that gardens and paved areas are kept in good order and tidy condition?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there adequate storage facilities for the storage and disposal of refuse?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are all tenants provided with written details of the terms of their tenancy? You may be requested to provide a copy of this on demand to the Council		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the tenancy agreement include a clause relating to anti-social behaviour by the tenant, members of their household and visitors?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
How often is the property visited to ascertain that it is secure, that the external appearance is not detrimental to the amenity of the area, that it has not been abandoned and that the behaviour of tenants, members of their household or visitors is not causing a nuisance to neighbours?		<input type="checkbox"/> Every Week	<input type="checkbox"/> Every Month
Are reasonable enquiries made to all prospective tenants as to past conduct before the tenancy is granted?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
There must be a 24 hour contact telephone number that can be used by tenants in relation to the property? Please give details below.			
Contact Number:			
Arrangements must be in place for management of the property in the absence of the proposed licence holder/and or manager. Please give details below			
Contact Number:		Name:	
Do the Licence Holder and Manager (if applicable) agree to take such steps as are reasonably practicable to prevent the behaviour of the occupants from adversely affecting the amenity or character of the area? Please submit Anti-Social Behaviour Plan with Application form. (Guidance notes enclosed)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do the Licence Holder and Manager (if applicable) agree to attend Training on Housing/ Tenancy Management or Approved Codes of Practice if required?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there current relevant insurance (tenanted buildings) cover on the property?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

PART FOUR: DECLARATIONS

DECLARATION OF APPLICANT AND PROPOSED LICENCE HOLDER

- I declare that the information contained in this application is correct to the best of my knowledge. I understand that a criminal offence is committed if I supply any information to a local housing authority in connection with this application for a licence that is knowingly false or misleading and on conviction may be fined £5,000.
- I, the Owner of the property, hereby consent to the licence holder having the authority to let and terminate tenancies, access all parts of the building to the same extent as myself and is authorised to arrange emergency repairs
- I, the proposed licence holder, hereby authorise any statutory body holding information about me, which falls within the categories above, to provide information on request by the Council

All information provided will be treated in confidence and in accordance with the Data Protection Act 1988. It will only be used to progress your application.

As part of our duty under the Housing Act 2004 we may have to share and/or check your information with other agencies including the Police, Fire & Rescue Service, Office of Fair Trading, other Local Authorities and other relevant departments within this Council, for example Council Tax, Revenues and Benefits and Debtors.

Note: if you are the Applicant/Owner and the Proposed Licence Holder and Manager you must sign all the relevant sections below.

Applicant/Owner (print name):

Signature:

Date: DD MM YYYY

Proposed licence Holder, if different, (print name):

Signature:

Date: DD MM YYYY

Manager/Agent, (print name):

Signature:

Date: DD MM YYYY

**Please do NOT send any payment with this completed application.
An invoice will be issued and full payment will then be due within 21 days.**

DECLARATION OF APPLICANT AND PROPOSED LICENCE HOLDER

You must let certain people know in writing that you have made this application, or give them a copy of it, as follows:

- any mortgagee of the property
- any owner of the property to which this application relates, if that is not you, such as the freeholder – and any head lessees who are known to you
- any other person who is a tenant or 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 of less than three years, including a periodic tenancy
- the proposed licence holder – if that is not you
- the proposed managing agent, if any – if that is not you
- any person who has agreed that they will be bound by any condition(s) in a licence if it is granted.

You must tell each of these people:

- your name, address, telephone number and e-mail address
- the name, address, telephone number and e-mail address of the proposed licence holder – if it will not be you
- whether this is an application under Part 3 (selective licensing and additional licensing of properties) of the Housing Act 2004
- the address of the property it relates to
- the name and address of the local authority to which the application will be made
- the date the application will be submitted.

**Please provide full details of all persons with an interest in your property.
E.g. your Mortgage Provider**

Name of mortgage provider:
Full Postal Address:
Postcode:
E-mail address:
Interest in the property or the application:
Date you informed them: DD MM YYYY

Name:
Address:
Postcode:
E-mail address:
Interest in the property or the application:
Date you informed them: DD MM YYYY

Please continue on a separate sheet as necessary.

Ethnicity of the proposed licence holder:				
Asian/Asian British	<input type="checkbox"/> Indian	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Other Asian
Black/Black British	<input type="checkbox"/> Caribbean	<input type="checkbox"/> Black	<input type="checkbox"/> Other Black background	
Chinese or other ethnic group	<input type="checkbox"/> Chinese	<input type="checkbox"/> Any other ethnic group - Please write in:		
Dual Heritage	<input type="checkbox"/> White and Black Caribbean	<input type="checkbox"/> White and Black African	<input type="checkbox"/> White and Asian	<input type="checkbox"/> Other dual heritage background
White	<input type="checkbox"/> British	<input type="checkbox"/> Irish	<input type="checkbox"/> Other	

How to complete an application

Part One – Application Summary

- 1.1** For every licence there must be a named licence holder. The Council has a duty to grant a licence to the most appropriate person and in most circumstances, this would be the owner of the property. In some circumstances however it may be the leaseholder or a managing agent/manager. **It is the owner's responsibility to ensure that an application for a licence is made for their property.**

The proposed licence holder must have the power to:

- Collect rental income
- Set up and terminate tenancies
- Access all parts of the dwelling
- Authorise repairs and maintenance to the property

If the owner has nominated a manager or managing agent to be the proposed licence holder, they must have the power to undertake the listed conditions above.

- 1.3** If the proposed licence holder is not available to manage the property it is advisable to appoint a local manager who is authorised to deal with emergency repairs and any issues concerning anti-social behaviour. This manager will be named on the licence.
- 1.4** If the owner/freeholder of the property has leased the property to another person or company, the leaseholder will be the person having control of the property and may be the most appropriate person to be the licence holder.
- 1.5** If a company applies to be licence holder, they must nominate an appropriate person to hold the licence within that company.

Part Two – Fit and Proper Person Details

In deciding whether an application should be granted, the Council must have regard to the evidence that shows that the proposed licence holder and manager are fit and proper persons. In some cases the Council may require a full declaration of suitability by requesting the Licence Holder and Manager to complete a Disclosure Scotland application to obtain disclosure. In these cases an application form and further guidance notes will be made available.

Part Three – Property Details

A single household refers to persons who are all members of the same family such as: married or cohabiting couples or other relationships such as parent, grandparent, child, grandchild, brother, sister, uncle, aunt, nephew, niece, cousin, half-blood relationship and step child. Additionally, a person living with his/her employer is classed as living in the same household, such as au pair, gardener or personal assistant.

Part Four – Declarations

Please complete all the declarations. It is a criminal offence to knowingly supply information that is false or misleading for the purposes of obtaining a licence. Under section 238 of the Housing Act 2004, a person who commits an offence is liable on summary conviction to a fine not exceeding level 5 on the standard scale (up to £5,000)

Please return this form and all supporting documentation by post to:

**Public Protection Division,
Community and Environmental Services Department,
Blackpool Council,
PO Box 4,
Blackpool,
FY1 1NA**

**Tel: 01253 476841 / 478382 / 478394 / 476842 / 478442
Email: housing.licensing@blackpool.gov.uk**

If you need help in completing the Application Form or assistance with translation,
please contact a member of the Housing Enforcement Team above
to arrange an appointment