



Shetland Islands Council
The Housing (Scotland) Act 2006
Part 5 - Licensing of Houses in Multiple Occupation

FEE PAID	£
RECEIPT NO.	
DATE RECEIVED	
RECEIVED BY	

PLEASE COMPLETE IN BLOCK CAPITALS

**APPLICATION FOR GRANT/RENEWAL/VARIATION OF A
HOUSE IN MULTIPLE OCCUPATION LICENCE**

Please read the accompanying notes before filling in this form. The form should be completed using BLOCK CAPITAL LETTERS. Should you need assistance in completing it, please contact Environmental Health, Gutters Hut, 7 North Ness, Lerwick, Shetland, ZE1 0LZ. Telephone: Lerwick 745250.

When you have completed the form and collected the documentation required, please send them to Environmental Health at the address given above, along with the appropriate application fee.

SECTION 1 – APPLICATION TYPE

This application form can be used to apply for a **New Licence or Renewal** of an existing licence. Please indicate which type of application you are making by checking the appropriate box below.

New HMO Licence	<input type="checkbox"/>	Renewal of Existing Licence	<input type="checkbox"/>
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Existing Licence Number in the case of a Renewal (ONLY if current licence has not yet expired)	HMO/
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If a **Renewal Application** please check each appropriate box below

Change of day to day manager	<input type="checkbox"/>
Change of occupancy	<input type="checkbox"/>
Change of physical layout	<input type="checkbox"/>

SECTION 2 – DATA PROTECTION LAWS – PERSONAL DATA

SHETLAND ISLANDS COUNCIL WILL MANAGE YOUR PERSONAL DATA IN ACCORDANCE WITH THE REQUIREMENTS AS SET OUT IN DATA PROTECTION LAWS. THE ATTACHED PRIVACY NOTICE (SECTION 16) PROVIDES FURTHER INFORMATION. BEFORE SUBMITTING THIS APPLICATION, PLEASE TICK THE BOX BELOW TO CONFIRM THAT YOU HAVE READ AND RETAINED THE PRIVACY NOTICE ATTACHED AT THE END OF THIS APPLICATION. IF YOU ARE AN AGENT OR DAY TO DAY MANAGER SUBMITTING THIS APPLICATION ON BEHALF OF THE OWNER(S), YOU ARE CONFIRMING THAT A COPY OF THE PRIVACY NOTICE AT SECTION 16 HAS BEEN PASSED TO THAT OWNER(S)

SECTION 3 – PROPERTY DETAILS			
Name of Premises (if applicable)			
Address			
Postcode			
Flat No and/or Location		No of storeys (floors) within this dwelling (flat or house)	
Occupancy capacity of the property			Total number of bedrooms
Number of bedrooms to be occupied by one person			Number of bedrooms to be occupied by two or more people
Number of living rooms			Number of bathrooms
Number of separate toilets			Number of kitchens
Other rooms (specify)			
Do you intend to provide meals for the residence?			YES <input type="checkbox"/> NO <input type="checkbox"/>
Will the residence be self-catering?			YES <input type="checkbox"/> NO <input type="checkbox"/>

If this property was previously licensed as an HMO by a previous owner, what date did you conclude the purchase? (Renewal only permitted if application submitted within a month of purchase – otherwise is a NEW application)	
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SECTION 4 – APPLICATION DETAILS (Individual persons)					
Title		Surname		First Name	
Middle Name(s)		Maiden Name (if applicable)		Date of Birth	
Place of Birth				Male <input type="checkbox"/> Female <input type="checkbox"/>	
Home Address				Postcode	
Home Telephone Number		Mobile Telephone Number		Work Telephone Number	
Email Address					
Landlord Registration Number <i>(if applicable)</i>					
Will this applicant be carrying out day-to-day management of the HMO?					YES <input type="checkbox"/> NO <input type="checkbox"/>

SECTION 4.1 – JOINT OWNER(S) to be completed if an individual person(s) If None please go straight to Section 8.

Please provide details for all Joint Owners, other than the main applicant above (all those listed on the Title Deeds). The address provided for an individual owner should be their permanent residential address. (If more than 2 joint owners, please use separate sheet.

Number of Joint Owners (including Main Applicant)			
Title	Surname	First Name	
Middle Name(s)	Maiden Name (if applicable)	Date of Birth	
Place of Birth			Male <input type="checkbox"/> Female <input type="checkbox"/>
Home Address			Postcode
Home Telephone Number	Mobile Telephone Number	Work Telephone Number	
Email Address			
Landlord Registration Number (if applicable)			
Will this applicant be carrying out day to day management of the HMO? If Yes, please go straight to Section 8.			YES <input type="checkbox"/> NO <input type="checkbox"/>

Title	Surname	First Name	
Middle Name(s)	Maiden Name (if applicable)	Date of Birth	
Place of Birth			Male <input type="checkbox"/> Female <input type="checkbox"/>
Home Address			Postcode
Home Telephone Number	Mobile Telephone Number	Work Telephone Number	
Email Address			
Landlord Registration Number (if applicable)			
Will this applicant be carrying out day-to-day management of the HMO? If Yes, please go straight to Section 8.			YES <input type="checkbox"/> NO <input type="checkbox"/>

SECTION 5 – APPLICANT DETAILS (Company/Charity/Trust/Partnership)

Company	<input type="checkbox"/>	Charity	<input type="checkbox"/>	Trust	<input type="checkbox"/>	Partnership	<input type="checkbox"/>
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Please indicate below which type of trust owns the property. (If you are unsure, please check with your solicitor to confirm the type of trust that you have). Please check the appropriate box.

Incorporated Trust (Trust and Trustees must be licensed). Please complete Section 5.1.

Non Incorporated (e.g. family) Trust. Please complete Sections 5.1 and 5.2.

SECTION 5.1 – Please provide the details of the Company, Charity, Trust or Partnership

Full name of Company, Charity, Trust or Partnership (including postcode)	
Name of Secretary or responsible person	
Address of principal office	
Telephone number	
E-mail address	
Landlord Registration Number (<i>if applicable</i>)	

SECTION 5.2 – Please provide details of all Director(s), Trustees or Partners

If more than four, please use a separate sheet

Title	Surname	First Name
Middle Name(s)	Maiden Name (if applicable)	Date of Birth
Place of Birth		Male <input type="checkbox"/> Female <input type="checkbox"/>
Home Address		Postcode
Home Telephone Number	Mobile Telephone Number	Work Telephone Number
Email Address		
Landlord Registration Number (<i>if applicable</i>)		
Will this applicant be carrying out day-to-day management of the HMO?		YES <input type="checkbox"/> NO <input type="checkbox"/>

Title	Surname	First Name	
Middle Name(s)	Maiden Name (if applicable)	Date of Birth	
Place of Birth			Male <input type="checkbox"/> Female <input type="checkbox"/>
Home Address			Postcode
Home Telephone Number	Mobile Telephone Number	Work Telephone Number	
Email Address			
Landlord Registration Number (if applicable)			
Will this applicant be carrying out day-to-day management of the HMO?			YES <input type="checkbox"/> NO <input type="checkbox"/>

Title	Surname	First Name	
Middle Name(s)	Maiden Name (if applicable)	Date of Birth	
Place of Birth			Male <input type="checkbox"/> Female <input type="checkbox"/>
Home Address			Postcode
Home Telephone Number	Mobile Telephone Number	Work Telephone Number	
Email Address			
Landlord Registration Number (if applicable)			
Will this applicant be carrying out day-to-day management of the HMO?			YES <input type="checkbox"/> NO <input type="checkbox"/>

Title	Surname	First Name	
Middle Name(s)	Maiden Name (if applicable)	Date of Birth	
Place of Birth			Male <input type="checkbox"/> Female <input type="checkbox"/>
Home Address			Postcode
Home Telephone Number	Mobile Telephone Number	Work Telephone Number	

Email Address	
Landlord Registration Number (if applicable)	
Will this applicant be carrying out day-to-day management of the HMO?	YES <input type="checkbox"/> NO <input type="checkbox"/>

SECTION 6 – DAY TO DAY MANAGEMENT *You do **not** need to complete this section if the Licence is to be held by a Single individual*

6.1 - Is the day-to-day manager an organisation or company?	YES <input type="checkbox"/> NO <input type="checkbox"/>
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If the answer to the above question is YES, please provide the details. If the answer is NO, please go to question 6.2.

Name of Organisation or Company			
Address of Organisation or Company		Postcode	
Landlord Registration Number of Organisation or Company			

You may be asked to provide the details of all the Directors or Partners where an organisation or company is carrying out the day to day management

6.2 - If the day to day Manager is an individual other than an applicant, named in section 4 or 5, please complete the details below

Title	Surname	First Name	
Middle Name(s)	Maiden Name (if applicable)	Date of Birth	
Place of Birth			Male <input type="checkbox"/> Female <input type="checkbox"/>
Home Address			Postcode
Home Telephone Number	Mobile Telephone Number	Work Telephone Number	
Email Address			
Landlord Registration Number (if applicable)			

SECTION 7 – CONTACTS

The contact details below can be the applicant, day-to-day manager or agent as required.

7.1 – Contact for access and queries during the application process

Name of Contact Person			
Address		Postcode	
Telephone number			
Mobile number			
E-mail address			

7.2 - Contact for access and queries during the life of the licence**Applicant or Day to Day Manager's representative**

Name of Contact Person			
Address		Postcode	
Telephone number			
Mobile number			
E-mail address			

SECTION 8 – DETAILS OF CONVICTIONS AND FIXED PENALTY NOTICES

Has any person listed in Sections 4, 5, or 6 been convicted of any offences or been issued with any fixed penalty notices?

YES NO

If the answer to the question above is YES, please provide the details below

NOTE: Details of ALL convictions and FIXED PENALTIES (CRIMINAL and ROAD TRAFFIC) including spent convictions must be given below, even if they have been previously disclosed on a prior application form.

Name	Date	Court	Crime/Offence	Penalty

An application will only be deemed competent where all necessary information is submitted together with the relevant fee. PLEASE ONLY SUBMIT COPIES

Document	Comment	Enclosed <input checked="" type="checkbox"/>
Plans		<input type="checkbox"/>
Copy of Tenancy Agreement		<input type="checkbox"/>
Copy of Property Insurance		<input type="checkbox"/>
Copy of Landlords Owners/Public Liability Insurance		<input type="checkbox"/>
Current NICEIC or SELECT Electrical Installation Condition Report		<input type="checkbox"/>
Safety certificates for all appliances: Gas-fired Oil-fired Solid-Fuel Electrical Test Certificate (PAT test)		<input type="checkbox"/>
Fire Safety Risk Assessment		<input type="checkbox"/>
Application Fee		<input type="checkbox"/>
Public Notice displayed		<input type="checkbox"/>
Energy Performance Certificate		<input type="checkbox"/>
Legionella risk assessment		<input type="checkbox"/>

The guidance notes referred to form part of Shetland Island Council's "Guidance on Standards for the Licensing of Houses in Multiple Occupation which is available from the Environmental Health Service, Gutters Hut, or downloadable from our website at: shetland.gov.uk/environmental-health in licensing.

Data Protection:

The information you have provided will be used by Shetland Islands Council to process your application and to maintain the register in terms of The Housing (Scotland) Act 2006

Part 5, Licensing of Houses in Multiple Occupation. The Council may share your information with third parties in order to check its accuracy, prevent and detect fraud or protect public funds. We may also share the information provided and other relevant information we hold about you between Council departments and others where this is necessary or expedient for the purposes of the Act or as otherwise required by law. You can request access to any personal information held about you by the Council by writing to the Head of Governance and Law, Legal Department, 8 North Ness Business Park, Lerwick, Shetland.

This form is to be lodged with Environmental Health, Gutters Hut, 7 North Ness, Lerwick, Shetland, ZE1 0LZ, together with the appropriate application fee and additional documents where appropriate. Please note the fee is an application fee; it will not be refunded in the event of the licence application being either withdrawn or refused.

I ask the Council to grant this Application.

I confirm:

- I am the owner or the authorised agent of the owner of this HMO;
- the information I have given in this form and the accompanying documents is true and accurate;
- I will keep to any Tenancies or Occupancy Agreements relating to the occupation of any part of the HMO.

I understand that there are criminal penalties for giving false or misleading information. I authorise Shetland Islands Council and any person or agency to share any information relating to the Application, Licence and HMO.

I will tell the Council in writing of any change in the information in this form and the enclosed documents within 7 days of that change.

I authorise the Council to make any inquiries of third parties which it thinks necessary to verify any information in this Application or in the supporting documents, and I authorise those third parties to supply whatever information the Council requests.

I authorise the Council to send any communication about this Application, the Licence, and anything about the HMO, by email to any of the email addresses given in this form.

Audit Scotland

The Council is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes. For further information, see

https://www.shetland.gov.uk/about_council_tax/NationalFraudInitiative.asp

Note: Any person who in or in connection with the making of this application makes any statement which (s)he knows to be false or recklessly makes any statement which is false in a material particular shall be guilty of an offence and liable, on summary conviction, to a fine.

Signed:	
Print:	
Date:	

APPENDIX 1 - DETAILS OF INFORMATION TO BE SUBMITTED WITH THE APPLICATION FORM

1. PLANS

An application for licence in respect of a new HMO application should be accompanied by copies of plans of the premises. Where possible these plans should include a floor plan of each floor to a scale of 1:50 with elevations to a scale of 1:100 and should include a section through the building (including stairs) where the building is more than one storey. The plans should include all appropriate structural detail required to assess the suitability of the building. A site plan (including boundaries) to a scale of 1:500 should also be provided.

Floor Plan

The floor plan and accompanying documentation should show details, where appropriate, of the following:

- All apartments including bedrooms, living rooms and circulation areas
- Fire Exits including stairs
- Fire-fighting points, fire doors, emergency escape windows, and equipment provided
- Emergency lighting, fire detection and alarm systems
- Sanitary accommodation including position of WC's, showers, baths & whb's
- Kitchens & kitchen arrangements including detail of sinks, drainers, cookers, worktops, Fridges and other food storage.
- Heating arrangements including detail of flues and fuel storage.
- Lighting (including light switches) and socket outlet points
- Provision of ventilation
- Clothes drying facilities

Site Plan

The site plan should give details of the following:

- Refuse storage arrangements
- Position of any septic tanks, soakaways or sewage disposal facility.
- External lighting points
- Source or site of any private water supply and water storage arrangements
- Site of any external LPG or oil storage areas

Whilst every effort should be made to submit plans to the above requirement, should such plans not be available then hand drawn line plans will be acceptable providing that they are reasonably to scale or adequately dimensioned.

2. TENANCY/OCCUPANCY MANAGEMENT AGREEMENTS

A copy of the tenancy/occupancy management agreement, which is used or proposed to be used in relation to the operation of the HMO.

3. OTHER REQUIREMENTS

Electrical Certificate

An application for licence should be accompanied by an electrical certificate in the form prescribed in Appendix 6 of BS 7671. The certificate will require to be signed by a qualified person who is:

- A professionally qualified electrical engineer

- A member of the Electrical Contractors Association
- A member of the Electrical Contractors Association of Scotland
- A certificate holder of the National Inspection Council for Electrical Installation Contracting

Any electrical certificate shall address the safety of both the electrical installation and electrical equipment provided by the applicant for use in the HMO (PAT).

Certification for any lifts, pressure vessels or other mechanical equipment

An application should also be accompanied by a copy of certification by a competent person regarding the safety of any pressure vessels, lifts or other mechanical equipment used on the premises.

Certification regarding Gas Installations

If there is a gas installation on the premises the applicant will require to provide certification of inspection by a Gas Safe registered person qualified to inspect the equipment certified. Such certification will require to indicate that the installation and equipment complies with statutory gas safety requirements.

Certification regarding oil-fired installations

If there is an oil-fired central heating installation in the premises the applicant will require to supply a certificate from a competent person indicating that the installation complies with the relevant British Standard including any provision for combustion air.

Certification regarding Solid Fuel appliances

Certification that flues serving solid-fuel appliances have been cleaned annually and that ventilation is satisfactory for combustion purposes.

Copy of Landlords Fire Risk Assessment

A copy of a fire risk assessment carried out in respect of the premises.

Copy of Comprehensive Buildings Insurance

Building Warrant or Planning Permission

Where applicable a copy of any existing Building Warrant, Completion Certificate or Change of Use regarding the premises, or details of any application submitted for same but not yet approved by the Council and a copy of any existing Planning Permission or Certificate of Lawful Use in respect of the premises, or details of any application submitted for same but not yet approved by the Council.

In addition to the documents above there are essential documents required by the Fire and Rescue Service for an HMO Licensing Inspection.

Please contact Scottish Fire & Rescue Service, Shetland District Office, Sea Road, Lerwick, Shetland, ZE1 0RJ, Phone: 01595 692318 or go to <https://www.gov.scot/publications/practical-fire-safety-guidance-existing-premises-sleeping-accommodation/> and <https://www.gov.scot/publications/fire-safety-risk-assessment-forms-and-guidance/> for information.

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