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| **Application for a Temporary Exemption Notice for****Licensing (Mandatory / Selective / Additional) under the provisions of Parts 2 & 3 of the Housing Act 2004** |

This application form must be completed fully and to the best of your knowledge. Please do not leave boxes blank as it may delay determination of your application while further enquiries are made by the City Council. An application form is required for every property for which you would like a temporary exemption from the requirement to licence.

**Please note:** It is a criminal offence to be in control of, or be managing a house which is not licensed but is required to be so. It is also a criminal offence to make a false statement in an application for a licence or to fail to comply with any condition of the licence.

Further guidance regarding temporary exemptions can be found at the foot of this application form. If you require any further assistance in completing this application, please contact the following departments:

* For a Temporary Exemption application from Selective Licensing, contact the Selective Licensing team on 0115 876 1331 or by email at selective.licensing@nottinghamcity.gov.uk
* For a Temporary Exemption application from either Mandatory or Additional Licensing of a House in Multiple Occupation (HMO), contact the HMO Team on 0115 915 2020 (Option 5) or by email at hmo@nottinghamcity.gov.uk

**Section 1: Applicant Details**

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| Title of applicant |  |
|  |  |
| Full name |  |
|  |  |
| Date of birth |  |
|  |  |
| Correspondence address | Post code |
|  |  |
| Telephone number |  |
|  |  |
| Mobile telephone number |  |
|  |  |
|  |  |
| This application refers to:(Property address) | Post code |
|  |
| Interest in property:  |  |
|  |  |
| **Note:** If you are not the owner of the property please provide the name and address of the owner/s in the box below |
|  |
| Name of owner/s |  |
|  |  |
| Address of owner/s | Postcode |
|  |
| Temporary Exemption application from (please tick): |  | Additional HMO Licensing |
|  | Mandatory HMO Licensing |
|  | Selective Licensing |
|  |
| Please select one of the options that describes your application: |  | First application |
|  | Application for an extension |

**Section 2: Documents in Electronic Form**

The relevant documentation either granting or refusing of the Temporary Exemption can be issued to you in electronic form, if you are willing to receive the documentation via email please provide your email address in the box below:

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| Email address for the service of documents: |  |

**Section 3: Reasoning for Issue of Temporary Exemption Notice**

Please detail below your reasons for applying for a Temporary Exemption Notice in relation to the property; and also set out what steps you have taken or are taking to ensure the property is no longer licensable.

Please provide copies of documents that support your application.

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(Please continue on additional sheets if necessary)

**Section 4: Declaration**

Please note that it is a criminal offence to knowingly supply information, which is false or misleading for the purposes of obtaining a temporary exemption notice. Evidence of any statements made in this application with regard to the property concerned may be required at a later date. If we subsequently discover something which is relevant and which you should have disclosed or which has been incorrectly stated or described, your temporary exemption notice may be revoked or other appropriate action taken.

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| **Declaration**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 supply any information to a local housing authority in connection with any of their functions under any of Parts 1 to 4 of the Housing Act 2004 that is false or misleading and which I/we know is false or misleading or am/are reckless as to whether it is false or misleading.Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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 a director or company secretary or other authorised officer, in which case we will require proof of authority.** |

**Please return the completed application for a temporary exemption from Selective Licensing to** **selective.licensing@nottinghamcity.gov.uk**

**Please return the completed application for a temporary exemption from Mandatory or Additional Licensing of HMO to** **hmo@nottinghamcity.gov.uk**

For office use only

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| Date Application Received: Officers initials:Reference number: |