

 **Application Form for a Block Licence**

 **Selective Licensing – Housing Act 2004 – Part 3**

**Applying for a Block Licence – do you meet the following conditions?**

* Each of the units are separate dwellings (usually self-contained flats), within the same building.
* Each of the dwellings are occupied under non "exempt tenancies".
* the entire building which contains the separate dwellings is under common control and managements.

|  |  |  |
| --- | --- | --- |
| **Yes** |  | Continue with the application |
| **No** |  | Required to apply for individual property licence |

|  |
| --- |
| **Prior to submitting this form, please ensure you have enclosed a clear copy of:** |
| **Proof of address for the proposed licence holder** |  |
| **Licence holder declaration (if you, the applicant is different to the proposed licence holder)** |  |
| **Company Letterhead with Company Details – See Page 3** |  |
| **Relevant Persons Appendix – Spreadsheet.**  |  |

|  |
| --- |
| **Documents to support your application (if applicable):** |
| **Plans for each floor of the property (unless previously submitted in earlier applications, please notify us if there have been no changes)** |  |
| **Written Fire Safety Risk Assessment** |  |
| **A valid, in date satisfactory Electrical Installation Condition Report or Electrical Installation Certificate** |  |
| **A valid, in date satisfactory Gas Safety certificate (if applicable)** |  |
| **Emergency Escape Lighting Test Certificate** |  |
| **Fire Alarm Test Certificate (where there is an electrical fire alarm control panel for the****property)** |  |
| **Building regulations completion certificate and planning consents** |  |
| **If accredited, evidence of accreditation (DASH Accreditation, Unipol or ANUK)** |  |

**You will also need to gather the following information for all applications:**

* The proposed licence holders and proposed managers’ name, address and contact details.
* The name, address and contact details for any other person with an interest in the property, such as other owners, leaseholders, freeholders and mortgage companies.
* Confirmation and a date of having served a notice of the application to those with an interest in the property.
* Details in relation to the condition and safety of the property.
* Details in relation to how the property is managed.

 **At the end of the form, you will be required to agree with some statements / declarations.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Block Licence****Application Fee(s)** | **Accredited (DASH, Unipol or ANUK)** | **Non-Accredited** | **Less Compliant \*** |
| First payment (Part A Fee) | £440 | £440 | £440 |
| Second payment (Part B Fee) | £1331 | £2244 | £2679 |
| **Block Base total** | **£1771** | **£2684** | **£3119** |
|  |  |  |  |
| **Fee per Dwelling / Unit** | **Accredited** | **Non-Accredited** | **Less Compliant** |
| First payment (Part A Fee) | £145 | £145 | £145 |
| Second payment (Part B Fee) | £367 | £382 | £387 |
| **Per dwelling / unit total** | **£512** | **£527** | **£532** |

**\*Less compliant fees may apply when certain criteria are not met within the fee policy.**

**Block licence applications may be applied for when the criteria are not met within the block licence policy**.

|  |  |  |
| --- | --- | --- |
| **Additional Fee** | **Fee** | **Comments** |
| **Fee for moving between mandatory/ additional to selective licence** | Relevant fee for the appropriate scheme | **Application under different Part of Housing Act 2004 – After Grant of Licence**Once a licence has been granted under one Part of the Housing Act 2004 (“the Act”) and then a Licence Holder wishes to apply for a new Licence under a different Part of the Act, the Council will require a new application and licence fee for the application under that different Part. Once the Council has processed and granted a licence under the new Part, the Council will concurrently revoke the existing licence under the former Part. |
| **Missed Inspection** | £50 | Failure to attend an agreed inspection may result in a charge being levied. |
| **Extra Correspondence** | £30 | Where the council must do more than normal to obtain further information to secure a valid licence application or providecopies of documents requested. |
| **Extra Copy Documentation** | £30 | Where a request is made for each duplicate/copy documents. The request will not be processed until this additional fee has been paid. |
| **Fee to support people****completing the application form** | £40 | To assist with those who have repeatedly tried or have a significant challenge in completing the required form |

* Block Licence Part A fee will be invoiced to the applicant upon receiving the completed application.

|  |
| --- |
| **Documentation(s) Required** |
| Proof of address for the proposed licence holder | You must provide a copy of, for example a Council tax bill, utility bill, driving licence or bank statement.**(Not required for Limited Company)** |
| Licence Holder Declaration | Required if you, the applicant, is different to the proposed licence holder. |
| Relevant Persons Appendix | Complete Relevant Persons Appendix spreadsheet, providing details for each unit within the block, submit with application form or send to selective.licensing@nottinghamcity.gov.uk. |
| Company details on letter headed paper | This is required in order to set up supplier for invoicing. Letter headed document to include address, telephone number,email for remittance, bank details, VAT registration number and company registration number. |

Form Completion – General Guidelines

Complete this form in **black** or **blue** ink only; write clearly within the spaces provided and complete in conjunction with the guidance notes. If you make a mistake, or do not complete all the relevant sections, it may delay the processing of the application and may incur further charges.

Only complete this application form for a licensable property within the Selective Licensing area

The application form will allow you to input details for ONE nominated proposed licence holder and proposed manager. Should you wish to nominate additional proposed licence holder and proposed manager please contact the Selective Licensing Department for an additional application form.

Please ensure you include the corresponding question number with any information provided on additional separate sheets.

Please return your completed form by post or alternatively, if you wish to submit by hand, please contact the office to arrange a convenient appointment time.

**Additional Fees: NOTE: If we have to contact you more than once because there are issues with any of the requirements or attachments then it is likely that you will be charged £30 for this and/ or your licence may be refused due to issues with the management arrangements.**

Block Licence

The Council accepts that under Part 3 Housing Act 2004 it is possible for it to grant a Block Licence, which covers more than one separate dwelling where the following conditions are met:

* each of the dwellings are separate dwellings (usually self-contained flats), within the same building; and
* each of the dwellings are occupied under non "exempt tenancies"; and
* the entire building which contains the separate dwellings must be under common control and management.

**If a Block Licence is granted, and there is then a change in circumstances which results in there being more or fewer dwellings in the building that met the conditions described above, this would result in the granted licence no longer reflecting the 'house' now present. In such circumstances, the existing Licence would need to be revoked and a new application made that reflects the 'house' now defined by the dwellings let in accordance with the conditions stated above.**

For Block Licence

* Complete application in full
* Sign and date declaration
* Complete Excel spreadsheet Appendix 1 – Relevant Persons Appendix
* Forward completed form (along with copies of requested documents/certificates and spreadsheet) either by post or e-mail

**Once received completed form, Part A fee invoice will be issued and sent by post to the applicant.**

Please return the completed form to:

Nottingham City Council, Selective Licensing Team, (c/o) Loxley House, Station Street Nottingham, NG2 3NG

For more information:

E-mail: selective.licensing@nottinghamcity.gov.uk

|  |
| --- |
| Application Contents: |
| Section 1 | Property Details |
| Section 2 | The Number of Occupants |
| Section 3 | Applicant Details (Persons completing the form) |
| Section 4 | Proposed Licence Holder details |
| Section 5 | Proposed Manager details |
| Section 6 | Management Arrangement |
| Section 7 | Relevant Person |
| Section 8 | Declaration |

Section 1 - The Property

* 1. Provide the address for which this application is being made for

|  |
| --- |
| House number / Building name: |
| Address line: |
|  | Town/City: |
| County: | Postcode: |

* 1. What type of rented accommodation is this? *(please tick the box that applies)*

|  |  |
| --- | --- |
| A house |  |
| A flat |  |
| A house converted into and comprising only of self-contained flats |  |
| A purpose-built block of flats |  |
| Mixed residential and commercial |  |

* 1. **Which storey(s) is the property occupied over? *(Tick all that apply)***

|  |  |
| --- | --- |
| Habitable basement (this does not include cellars that do not form part of the living space) |  |
| Ground floor |  |
| First floor |  |
| Second floor |  |
| Third floor |  |
| Floors above the third floor |  |

* 1. **When was the property built? *(please tick the box that applies)***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Before 1919 |  |  1919 - 1944 |  |  1945 - 1964 |  |
| 1965 - 1979 |  |  After 1979 |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is the building listed? | Yes |  |  No |  |

* 1. **Amenities *(please tick the box that applies)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are all the amenities that are supplied within the property maintained in good, clean repair? *(tick appropriate response)* |  Yes |  |  No |  |
|  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Does all furniture provided to tenants within the property meet the safety requirements contained in any enactment?*(tick appropriate response)* |  Yes |  |  No |  |
|  |  |  |  |

* 1. **Safety of property and installation *(please tick the box that applies)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Does the property contain gas appliances not provided bythe tenant i.e. boilers, water heaters, cookers etc? |  Yes |  |  No |  |
| *(tick appropriate response)* |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do the gas appliances comply with any safety requirements in any enactment? *(tick appropriate response)* |  Yes |  |  No |  |

* 1. **Fire Safety of property *(please tick the box that applies)***

|  |  |
| --- | --- |
| A fire alarm control panel with detectors and alarm sounders (This is a system with an electrical control component for the fire alarm system. It may indicate zones and faults) |  |
|  |
| Interlinked mains wired smoke and/or heat alarms (Interlinked is electrical wiring between the alarms, so that when one is activated; they are all activated) |  |
|  |
| A sprinkler or misting system (A sprinkler or mister is also activated alongside the alarm) |  |
|  |
| Mains wired smoke and/or heat alarms - not interlinked (Wired to its own electrical circuit so that it activates even if the mains electric fails) |  |
|  |
| Battery operated smoke alarms (Alarms powered only by batteries; no back up power or connection or mains wire) |  |
|  |
| None of the above |  |

Where are the battery operated smoke alarms fitted? (if applicable)

|  |  |
| --- | --- |
| Within each living space |  |
| On each floor |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are all exit doors openable from the inside without the use of a key? *(select appropriate response)*  |  Yes |  |  No |  |

Note: The door can be opened from the inside with a thumb turn lock, not requiring the use of a key to unlock. This allows occupants to escape in case of an emergency or fire without having to find a key.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is a contractor employed to inspect and maintain the fire alarm system *(if applicable – select appropriate response)*  |  Yes |  |  No |  |

|  |
| --- |
| If yes, please provide the name of this person / company:  |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are there any bedrooms that are 'inner rooms'? *(if applicable – select appropriate response)*  |  Yes |  |  No |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do these 'inner rooms' have an escape window?*(if applicable – select appropriate response)*  |  Yes |  |  No |  |

Please include a copy of the current fire certificate with this application.

* 1. **Floor Plan**

Please provide plans for each floor of the property, with measurements, showing the location and size of each room in the property. Below is an example showing the type of sketch and detail required. Please use the abbreviations listed below to mark details on the plan. Please provide a separate sketch of each floor level of the property.

If you already have plans of the you may submit these separately.



Section 2 – Number of Units and Occupants

|  |  |
| --- | --- |
| Total number if units in the blockProvide unit details in relevant persons appendix |  |
| Total number of units to be licensed  |  |
| Please enter the total number of people that occupy the property at present. The number of occupants is simply the number of people that live in the property. This includes babies and children. |  |
| Please enter the total number of households that occupy the property at present. The number of households must be at least 1. If the property is unoccupied a licence is not required. |  |

**A Household:** anyone related or living together as a ‘family’ is considered as one household. This includes step, foster and adopted children and partners and so on. Unrelated people are separate households. (This is regardless of tenancy agreements)

This does NOT refer to the number of tenancies or cover multiple households on one tenancy. Ensure you are clear on the number of households, as this will affect the licensing scheme that applies to this accommodation.

Examples: Family of mum, stepdad, 3 children and one of the children’s partners = 1 household.

A couple and their child = 1 household.

A couple (1) and their friend (1) = 2 households.

5 unrelated people = 5 households

|  |  |
| --- | --- |
| Please enter the maximum number of people that occupy the property at present. The number of occupants is simply the number of people that live in the property. This includes babies and children |  |
| Please enter the maximum number of households that occupy the property at present. The number of households must be at least 1. If the property is unoccupied a licence is not required. |  |

Are any of the occupants that live here an actual owner of the property?

A ‘live in landlord’ can have up to 2 lodgers and not require a licence. 3 or more lodgers would require a licence. **Yes / No**

|  |  |
| --- | --- |
| How many of the occupants are part of the owner’s household? |  |

Section 3 - Applicants Details

**3.1 Applicants Details (Person completing the form)**

|  |
| --- |
| Tile: Mr / Mrs / Miss / Ms / other |
| Forename: |
| Surname: |
| Middle name(s) (if any): |

**3.2 Applicants Address**

|  |
| --- |
| House number / Building name: |
| Address line: |
|  | Town/City: |
| County: | Postcode: |

**3.3 Applicants Contact details**

|  |
| --- |
| Home telephone number: |
| Work telephone number: |
| Mobile telephone number: |
| Email address: |

**3.3 Does the applicant have any of the following interests in the property? *(tick all that apply)***

|  |  |
| --- | --- |
| Owner / Freeholder |  |
| Leaseholder |  |
| A person having control of the HMO or house |  |
| None of the above |  |
| Other (please specify below) |
|  |

Section 4 – Proposed Licence Holder

The licence holder may be an individual, a company, charity or partnership. You can also have multiple licence holders, for example a husband and wife, but not an owner and a manager.

The proposed licence holder should normally be the person having control of the property.

A person having control of a premises is generally someone who receives the rent of the premises, whether on his own account OR as agent or trustee of another person. There can therefore be more than one 'person having control' for any premises. For example, if the rent is collected by a managing agent and then passed on to the owner, both the agent and the owner may be the 'person having control'. In circumstances where the owner/freeholder has leased the property to another person or company, the leaseholder will become the person having control of the property.

The licence holder will be bound to the licence conditions and be legally responsible for the operation of the HMO or house to be licensed. They must have the power to:

* Let to and evict tenants
* Access all parts of the premises to the same extent as the owner (if a different person)
* Authorise any expenditure required to ensure the health and safety of the tenants and others.

Nottingham City Council will send e-mail and text alerts in relation to this application to include (but not limited to) reminders, alerts of changes or updates and to request additional information.

**Please be mindful that the information including the address of the proposed licence holder and proposed manager will be published on the public register.**

**4.1 Type of Licence Holder (*please tick the box that applies)***

**Proposed Licence Holder details (if further proposed licence holder required, please contact us).**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Individual |  | Company |  | Charity |  | Partnership |  |

**Company or Charity Name as stated on the Companies House / Charities Commission Registers**

The link below will direct you the Companies House Register where you will find your company details:

[**https://www.gov.uk/get-information-about-a-company**](https://www.gov.uk/get-information-about-a-company)

[**https://register-of-charities.charitycommission.gov.uk/charity-search**](https://register-of-charities.charitycommission.gov.uk/charity-search)

**4.2 Proposed Licence Holder Name**

|  |
| --- |
| Tile: Mr / Mrs / Miss / Ms / other |
| Forename: |
| Surname: |
| Middle name(s) (if any): |
| Company/ Charity Name: |
|  |
| Company/ Charity Trading Name: |
|  |
| Company/ Charity Number: |

Is this a Limited Liability Partnership (LLP) **Yes / No**

*This is a legally registered partnership and information on which can be found on Companies House website.*

|  |
| --- |
| Partnership Name: |
|  |
| Partner 1 Tile: Mr / Mrs / Miss / Ms / other |
| Partner 1 Forename: |
| Partner 1 Surname: |
| Partner 1 Middle name(s) (if any): |
| Involvement/Role in Partnership: |
|  |
| Partner 2 Tile: Mr / Mrs / Miss / Ms / other |
| Partner 2 Forename: |
| Partner 2 Surname: |
| Partner 2 Middle name(s) (if any): |
| Involvement/Role in Partnership: |

**Note: If there are additional partners, please include details on a separate sheet.**

**4.3 Proposed Licence Holder Address**

**Licence Holder Individual Address/ Registered Address as shown on Companies House/ Charity Address as shown on Commissions Register/ Partnership Address**

|  |
| --- |
| House number / Building name: |
| Address line: |
|  |
|  |
|  | Town/City: |
| County: | Postcode: |

**Licence Holder Correspondence/ Branch Address/ Partnership Address**

|  |
| --- |
| House number / Building name: |
| Address line: |
|  |
|  |
|  | Town/City: |
| County: | Postcode: |

**4.4 Proposed Licence Holder Contact Details**

|  |
| --- |
| Home telephone number: |
| Work telephone number: |
| Mobile telephone number: |
| Email address: |
|  |
| Partner 2 Home telephone number: |
| Partner 2 Work telephone number: |
| Partner 2 Mobile telephone number: |
| Partner 2 Email address: |

**4.5 Does the proposed licence holder have any of the following interests in the property? *(tick all that apply)***

|  |  |
| --- | --- |
| Owner / Freeholder |  |
| Leaseholder |  |
| A person having control of the HMO or house |  |
| None of the above |  |
| Other (please specify below) |
|  |

**4.6 Proposed Licence Holder Accreditation *(please tick the box that applies)***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Not Accredited |  |  DASH Accredited |  |  Unipol / ANUK Accredited |  |

|  |
| --- |
| DASH Accredited Persons Name:*(Not The Company Name)*  |
| DASH Accreditation Number: |
| Unipol / ANUK Name:*(As stated on the website register)* |

**4.6 Proposed Licence Holder Fit and Proper**

**Does the proposed licence holder have any of the following?**

Any unspent convictions **Yes / No**

Court or tribunal findings in relation to unlawful discrimination **Yes / No**

Civil or criminal proceedings resulting in a judgement being made against them **Yes / No**

Enforcement notices or management orders under the Housing Act 2004 **Yes / No**

Refused or revoked licences under the Housing Act 2004 **Yes / No**

Breaches of codes of practice under the Housing act 2004 **Yes / No**

None of the above  **Yes / No**

Does the proposed licence holder named above have any unspent convictions in **Yes / No**

respect of any offence involving fraud or other dishonesty, or violence or drugs or

any offence listed in Schedule 3 to the Sexual Offences Act 2003?

Does the proposed licence holder named above have any other unspent convictions **Yes / No**

that may be relevant to the proposed licence holders and / or manager's fitness to

hold a licence and / or manage the HMO or house?

Has the proposed licence holder named above ever contravened any provision of **Yes / No**

any enactment relating to housing, public health, environmental health, health and

safety at work, planning, building or landlord and tenant law which led to civil or

criminal proceedings resulting in a judgement being made against them?

Does the proposed licence holder named above own or manage, or has owned or **Yes / No**

managed, any HMO or house which has been the subject of any appropriate

enforcement action described in section 5(2) of the Housing Act 2004?

E.g. Improvement notice, prohibition order or emergency works

Does the proposed licence holder named above own or manage, or has owned or **Yes / No**

managed, any HMO or house which has been the subject of an interim or final

management order under the Housing Act 2004?

Does the proposed licence holder named above own or manage, or have they **Yes / No**

Owned or managed, any HMO or house for which a local housing authority has

refused to grant a licence under Part 2 or 3 of the Housing Act 2004, or has revoked

a licence in consequence of the licence holder breaching the conditions of their

licence?

Has the proposed licence holder named above acted otherwise than in accordance **Yes / No**

with any applicable code of practice approved under section 233 of the

Housing Act 2004?

Is the proposed licence holder an undischarged bankrupt? **Yes / No**

Does any proposed licence holder have any outstanding County Court judgements **Yes / No**

 (CCJ) against them or any company they are associated with?

**4.7 Licence Holder Associates Fit and Proper**

**Do any associates of the proposed licence holder have any of the following?**

Any unspent convictions **Yes / No**

Court or tribunal findings in relation to unlawful discrimination **Yes / No**

Civil or criminal proceedings resulting in a judgement being made against them **Yes / No**

Enforcement notices or management orders under the Housing Act 2004 **Yes / No**

Refused or revoked licences under the Housing Act 2004 **Yes / No**

Breaches of codes of practice under the Housing act 2004 **Yes / No**

None of the above  **Yes / No**

Does any associate of the proposed licence holder named above have any unspent **Yes / No**

convictions in respect of any offence involving fraud or other dishonesty, or violence

or drugs or any offence listed in Schedule 3 to the Sexual Offences Act 2003?

Does any associate of the proposed licence holder named above have any other **Yes / No**

unspent convictions that may be relevant to any associate of the proposed licence

holder’s and / or manager's fitness to hold a licence and / or manage the HMO or

house?

Has any court or tribunal found against any associate of the proposed licence holder **Yes / No**

named above that they have practiced unlawful discrimination on grounds of sex,

colour, race, ethnic or national origin or disability in, or in connection with, the carrying

on of any business?

Has any associate of the proposed licence holder named above ever contravened any **Yes / No**

provision of any enactment relating to housing, public health, environmental health,

health and safety at work, planning, building or landlord and tenant law which led to

civil or criminal proceedings resulting in a judgement being made against them?

Does any associate of the proposed licence holder named above own or manage, or **Yes / No**

has owned or managed, any HMO or house which has been the subject of any

appropriate enforcement action described in section 5(2) of the Housing Act 2004.

e.g. Improvement notice, prohibition order or emergency works.

Does any associate of the proposed licence holder named above own or manage, or **Yes / No**

has owned or managed, any HMO or house which has been the subject of an interim

or final management order under the Housing Act 2004?

Does any associate of the proposed licence holder named above own or manage, or **Yes / No**

they have owned or managed, any HMO or house for which a local housing authority

has refused to grant a licence under Part 2 or 3 of the Housing Act 2004, or has revoked

a licence in consequence of the licence holder breaching the conditions of their licence

Has any associate of the proposed licence holder named above acted otherwise **Yes / No**

than in accordance with any applicable code of practice approved under

section 233 of the Housing Act 2004.

Section 5 – Proposed Manager

The Manager may be an individual, a company, charity or partnership.

The proposed Manager should normally be the ‘person having control’ of the property.

The Licence Holder will be bound to the licence conditions and be legally responsible for the operation of the HMO or house to be licensed. They must have the power to:

* Let and evict tenants.
* Access all parts of the premises to the same extent as the owner (if a different person)
* Authorise any expenditure required to ensure the health and safety of the tenants and others.

Nottingham City Council will send e-mail and text alerts in relation to this application to include (but not limited to) reminders, alerts of changes and updates and to request additional information.

**Please be mindful that information, including the address of the Licence Holder and manager will be published on the public register.**

**5.1 Type of Manager *(please tick the box that applies)***

**Proposed Manager details**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Individual |  | Company |  | Charity |  | Partnership |  |

**Company or Charity Name as stated on the Companies House / Charities Commission Registers**

The link below will direct you the Companies House Register where you will find your company details:

[**https://www.gov.uk/get-information-about-a-company**](https://www.gov.uk/get-information-about-a-company)

[**https://register-of-charities.charitycommission.gov.uk/charity-search**](https://register-of-charities.charitycommission.gov.uk/charity-search)

**5.2 Proposed Manager Name**

|  |
| --- |
| Tile: Mr / Mrs / Miss / Ms / other |
| Forename: |
| Surname: |
| Middle name(s) (if any): |
| Company/ Charity Name: |
|  |
| Company/ Charity Trading Name: |
|  |
| Company/ Charity Number: |

Is this a Limited Liability Partnership (LLP) **Yes / No**

*This is a legally registered partnership and information on which can be found on Companies House website.*

|  |
| --- |
| Partnership Name: |
|  |
| Partner 1 Tile: Mr / Mrs / Miss / Ms / other |
| Partner 1 Forename: |
| Partner 1 Surname: |
| Partner 1 Middle name(s) (if any): |
| Involvement/Role in Partnership: |
| Partner 2 Tile: Mr / Mrs / Miss / Ms / other |
| Partner 2 Forename: |
| Partner 2 Surname: |
| Partner 2 Middle name(s) (if any): |
| Involvement/Role in Partnership: |

**Note: If there are additional partners, please include details on a separate sheet.**

**5.3 Proposed Manager Address**

**Manager Individual Address/ Registered Address as shown on Companies House/ Charity Address as shown on Commissions Register/ Partnership Address**

|  |
| --- |
| House number / Building name: |
| Address line: |
|  |
|  |
|  | Town/City: |
| County: | Postcode: |

**Manager Correspondence/ Branch Address/ Partnership Address**

|  |
| --- |
| House number / Building name: |
| Address line: |
|  |
|  |
|  | Town/City: |
| County: | Postcode: |

**5.4 Proposed Manager Contact Details**

|  |
| --- |
| Home telephone number: |
| Work telephone number: |
| Mobile telephone number: |
| Email address: |
|  |
| Partner 2 Home telephone number: |
| Partner 2 Work telephone number: |
| Partner 2 Mobile telephone number: |
| Partner 2 Email address: |

**5.5 Does the proposed Manager have any of the following interests in the property?**

***(tick all that apply)***

|  |  |
| --- | --- |
| Owner / Freeholder |  |
| Leaseholder |  |
| A person having control of the HMO or house |  |
| None of the above |  |
| Other (please specify below) |
|  |

**Note: A person having control of a premise is generally someone who receives the rent of the premise, whether on his own account OR as agent or trustee of another person. There can therefore be more than one 'person having control' for any premises. For example, if the rent is collected by a managing agent and then passed on to the owner, both the agent and the owner may be the 'person having control' In circumstances where the owner/freeholder has leased the property to another person or company, the leaseholder will become the person having control of the property.**

**5.6 Proposed Manager Fit and Proper**

**Does the proposed Manager have any of the following?**

Any unspent convictions **Yes / No**

Court or tribunal findings in relation to unlawful discrimination **Yes / No**

Civil or criminal proceedings resulting in a judgement being made against them **Yes / No**

Enforcement notices or management orders under the Housing Act 2004 **Yes / No**

Refused or revoked licences under the Housing Act 2004 **Yes / No**

Breaches of codes of practice under the Housing act 2004 **Yes / No**

None of the above  **Yes / No**

Does the proposed manager named above have any unspent convictions in **Yes / No**

respect of any offence involving fraud or other dishonesty, or violence or drugs or

any offence listed in Schedule 3 to the Sexual Offences Act 2003?

Does the proposed manager named above have any other unspent convictions **Yes / No**

that may be relevant to the proposed licence holders and / or manager's fitness to

hold a licence and / or manage the HMO or house?

Has any court or tribunal found against the proposed manager named above that **Yes / No**
they have practiced unlawful discrimination on grounds of sex, colour, race, ethnic
or national origin or disability in, or in connection with, the carrying on of any
business?

Has the proposed manager named above ever contravened any provision of **Yes / No**

any enactment relating to housing, public health, environmental health, health and

safety at work, planning, building or landlord and tenant law which led to civil or

criminal proceedings resulting in a judgement being made against them?

Does the proposed manager named above own or manage, or has owned or **Yes / No**

managed, any HMO or house which has been the subject of any appropriate

enforcement action described in section 5(2) of the Housing Act 2004?

E.g. Improvement notice, prohibition order or emergency works

Does the proposed manager named above own or manage, or has owned or **Yes / No**

managed, any HMO or house which has been the subject of an interim or final

management order under the Housing Act 2004?

Does the proposed manager named above own or manage, or have they **Yes / No**

Owned or managed, any HMO or house for which a local housing authority has

refused to grant a licence under Part 2 or 3 of the Housing Act 2004, or has revoked

a licence in consequence of the licence holder breaching the conditions of their

licence?

Has the proposed manager named above acted otherwise than in accordance **Yes / No**

with any applicable code of practice approved under section 233 of the

Housing Act 2004?

Is the proposed manager an undischarged bankrupt? **Yes / No**

Does any proposed manager have any outstanding County Court judgements **Yes / No**

 (CCJ) against them or any company they are associated with?

**5.7 Manager Associates Fit and Proper**

**Do any associates of the proposed manager have any of the following?**

Any unspent convictions **Yes / No**

Court or tribunal findings in relation to unlawful discrimination **Yes / No**

Civil or criminal proceedings resulting in a judgement being made against them **Yes / No**

Enforcement notices or management orders under the Housing Act 2004 **Yes / No**

Refused or revoked licences under the Housing Act 2004 **Yes / No**

Breaches of codes of practice under the Housing act 2004 **Yes / No**

None of the above  **Yes / No**

Does any associate of the proposed manager named above have any unspent **Yes / No**

convictions in respect of any offence involving fraud or other dishonesty, or violence

or drugs or any offence listed in Schedule 3 to the Sexual Offences Act 2003?

Does any associate of the proposed manager named above have any other **Yes / No**

unspent convictions that may be relevant to any associate of the proposed licence

holder’s and / or manager's fitness to hold a licence and / or manage the HMO or

house?

Has any court or tribunal found against any associate of the proposed manager **Yes / No**

named above that they have practised unlawful discrimination on grounds of sex,

colour, race, ethnic or national origin or disability in, or in connection with, the carrying
on of any business?

Has any associate of the proposed manager named above ever contravened any **Yes / No**

provision of any enactment relating to housing, public health, environmental health,

health and safety at work, planning, building or landlord and tenant law which led to

civil or criminal proceedings resulting in a judgement being made against them?

Does any associate of the proposed manager named above own or manage, or **Yes / No**

has owned or managed, any HMO or house which has been the subject of any

appropriate enforcement action described in section 5(2) of the Housing Act 2004.

e.g. Improvement notice, prohibition order or emergency works.

Does any associate of the proposed manager named above own or manage, or **Yes / No**

has owned or managed, any HMO or house which has been the subject of an interim

or final management order under the Housing Act 2004?

Does any associate of the proposed manager named above own or manage, or **Yes / No**

they have owned or managed, any HMO or house for which a local housing authority

has refused to grant a licence under Part 2 or 3 of the Housing Act 2004, or has revoked

a licence in consequence of the licence holder breaching the conditions of their licence

Has any associate of the proposed manager named above acted otherwise **Yes / No**

than in accordance with any applicable code of practice approved under

section 233 of the Housing Act 2004.

Section 6 – Management Arrangements

**6.1 Property Repair, Maintenance and Financial Limitations**

Who has the authority to repair and maintain the property? *(tick as appropriate)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Licence Holder |  |  Manager |  |  Other |  |

|  |
| --- |
| Please give details of the named person’s authority to repair and maintain the property: |
|  |

What is this person’s relationship to the property?*(tick as appropriate)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Freeholder |  |  Leaseholder |  |  Other |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are there any financial limitations or restrictions in place for this person? *(tick as appropriate)* |  **Yes** |  | **No** |  |
| If Yes at which point (financially) do theyneed to gain approval for expenditure? | **£** |
| From whom do they need to gain approval to exceed this amount? |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Can this amount be exceeded in an emergency?e.g. broken boiler, burst water pipe etc. *(tick as appropriate)* |  **Yes** |  | **No** |  |

Section 7 – Relevant Persons

**The applicant must complete the Block Licence Application Relevant Persons Appendix**

**(Excel Spreadsheet accompanied with this application).**

**7.1 The persons who need to be notified are:**

Any mortgagee of the property (i.e. mortgage company) to be licensed.

Any owner of the property to which the application relates (if that is not you) i.e. the freeholder and any head lessors who are known to you.

Any other person who is a tenant or long leaseholder of the property or any part of it (including any flat) who is known to you other than a statutory tenant or other tenant whose lease or tenancy is for less than three years (including a periodic tenancy).

The proposed licence holder (if 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 conditions in a licence if it is granted.

**You must tell each of these persons:**

Your name, address telephone number and e-mail address or fax number (If any)

The name, address, telephone number and e-mail address or fax number (If any) of the proposed licence holder (if it will not be you)

Whether this is an application for an HMO licence under Part 2 or for a house licence under Part 3 (Selective licensing of other properties) 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 and the date the application will be submitted.

Section 8 – Declaration

**Please sign and date the declaration below in order for us to process your application.**

DECLARATION

|  |
| --- |
| 1. I confirm that I am 18 years or over
 |
| 1. I/we declare that the information contained in this application is correct to the best of my /our knowledge
 |
| 1. I have taken measures to ensure that I have gained the appropriate information in order to answer the questions within this application.
 |
| 1. 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
2. I/we declare that I/we have served notice of this application to the persons listed in therelevant persons section (appendix) who are the only persons known to me/us that are required to be informed that I/we have made this application
 |
| 1. I can confirm that all future correspondence can be sent to me via the email address that was provided within this application and that this email inbox will be checked regularly. I also agree to receiving text message notifications. I understand that by providing an email address I am indicating my willingness/the willingness of the person who’s email address is given to receive the licence and/or other relevant documents under Part 2 and 3 of the Housing Act 2004 transmitted by electronic means (via email) in accordance with s247 of the Act. Where I am indicating consent of a person other than myself that I have the specific consent of that person to do so and to act as their agent in providing the information to the Council (tick if applicable)
 |

|  |  |  |
| --- | --- | --- |
| **AGREE TO ALL STATEMENTS ABOVE****(Please tick to progress)** |  | **Note: Application will not be accepted if the declaration is not ticked** |

|  |
| --- |
| **Applicant Full Name (Please Print):** |
| **Signature:** |
|
| **Date:** |

**For further information on the housing Act 2004, please visit** [**www.legislation.gov.uk**](http://www.legislation.gov.uk)

**IMPORTANT**

Prior to submitting this application please ensure that this form is fully completed, ensure that all declarations are made and the relevant parts are signed. In the event that the form submitted incomplete the application may not be processed and returned to you, resulting in the property being unlicensed.

If we have to contact you more than once because there are issues with any of the requirements or attachments then it is likely that you will be charged £30 for this and/ or your licence may be refused due to issues with the management arrangements.

The Council may send information on any changes to legislation, training opportunities other items of interest and occasionally relevant information from other selected partners

e.g. accreditation providers and landlord organisations (Optional).

|  |
| --- |
| Please tick to confirm you would like to receive this information □ |
| Please tick to confirm the licence holder would like to receive this information □ |

**Short Form Privacy Notice**

We will use the information provided by you for the processing of licence applications and compliance of such licences whilst they remain in force. The basis under which the Council uses personal data for this purpose is under Parts 1 to 4 of the Housing Act 2004 this is necessary for the performance of a task carried out in the public interest by the Council or in the exercise of official authority vested in the Council by the Housing Act 2004 and other associated legislation.

The information that you have provided will be kept for the duration of the licence and 7 years after the expiry date of the licence. If the licence is refused it will kept for 7 years after the date of the licence refusal.

As part of our duty under the Housing Act 2004 we may have to share and/or check your information with other agencies for example the Police, Fire and Rescue Service, Office of Fair Trading, accreditation partners (e.g. DASH, Unipol and ANUK), other local authorities and other relevant departments within the Council, for example Planning, Council Tax, Revenues and Benefits and Debtors .For more detailed information regarding our privacy notice please go to [http://www.nottinghamcity.gov.uk/privacy-statement](http://www.nottinghamcity.gov.uk/privacy-statement/)

The Data Protection Officer is Naomi Matthews. You can contact the data protection officer at the above Loxley House address or email data.protectionofficer@nottinghamcity.gov.uk