

House in Multiple Occupation (HMO)

Application for Grant, Validation or Variation of Licence

|  |  |  |  |
| --- | --- | --- | --- |
| * Please note that the applicant(s) must be the owner(s) of the property. * Please include all joint owners. * Please read the attached notes at Section 14 and reference is made to the Council’s Guidance Notes and Standards for Shared Accommodation, available at: <http://www.dundeecity.gov.uk/housing/multipleoccupation> where the detail of the relevant fees can be obtained. |  | ***For Official Use*** | |
| HMO Licence Number: |  |
| Date Received: |  |
| Date Paid: |  |
| Fee Paid: |  |
| Receipt No: |  |
| MSD Check (Variation) |  |
| Date to Officers: |  |

Section 1 – Application Type

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **New HMO Licence** |  |  | **Validation of Existing Licence** |  |  | **Variation of**  **Existing/Pending Licence** |  |

|  |  |
| --- | --- |
| Existing Licence Number (in the case of a Validation or Variation) | HMO/ |

If a **Variation** **Application** please check each appropriate box ⌧

|  |  |
| --- | --- |
| Change of ownership prior to a Licensing Committee **(New and Pending Applications Only)** |  |
| Change of day to day manager |  |
| Change of occupancy |  |
| Change of physical layout |  |
| If the Variation is for a change to the physical layout of the property, please describe the change below | |
|  | |
|  | |

Section 2 – Data Protection Laws – Personal Data

**Dundee city 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

This section refers to the property for which the application is being made.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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  NO | |
| Will the residence be self‑catering? | | | | | | YES  NO | |
| Will there be employees working in the premises? | | | | | | YES  NO | |

Section 4 – Previous Licence Applications

|  |  |
| --- | --- |
| If this property was previously licensed as an HMO by a previous owner, what date did you conclude the purchase? |  |

|  |  |
| --- | --- |
| Please confirm the name of the previous owner | Previous HMO licence number |
|  | HMO/ |
| Have any of the current owners of this property been refused a similar licence in the last 2 years? | YES  NO |
| If the answer to the question above is YES, please give details below: | |
|  | |
|  | |

Section 5 – Applicant Details (Individual Persons)

5.1 Main Applicant (to be completed if an individual person)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title | | Surname | First Name | |
|  | |  |  | |
| Middle Name(s) | | Maiden Name (if applicable) | Date of Birth | |
|  | |  |  | |
| Place of Birth |  | | Male  Female | |
| 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  NO |

5.2 Joint Owner(s) (to be completed if an individual person)

**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 at Section 15).

|  |  |
| --- | --- |
| 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  Female | | |
| 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  NO | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title | | Surname | First Name | | |
|  | |  |  | | |
| Middle Name(s) | | Maiden Name (if applicable) | Date of Birth | | |
|  | |  |  | | |
| Place of Birth |  | | Male  Female | | |
| 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  NO | |

Section 6 – Applicant Details (Company/Charity/Trust/Partnership)

6.1 Please indicate whether the applicant is a Company, Charity, Trust or Partnership

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Company |  | Charity |  | Trust |  | Partnership |  |

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 6.2 and provide the details of all Trustees in Section 6.3. |  |
| **Non Incorporated Trust** (the named trust must be licensed). Please complete Section 6.2. |  |

6.2 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 |  |

6.3 Please provide details of all Director(s), Trustees or Partners.

If more than four, please use separate sheet at Section 15

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title | | Surname | First Name | | |
|  | |  |  | | |
| Middle Name(s) | | Maiden Name (if applicable) | Date of Birth | | |
|  | |  |  | | |
| Place of Birth |  | | Male  Female | | |
| 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  NO | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title | | Surname | First Name | | |
|  | |  |  | | |
| Middle Name(s) | | Maiden Name (if applicable) | Date of Birth | | |
|  | |  |  | | |
| Place of Birth |  | | Male  Female | | |
| 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  NO | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title | | Surname | First Name | | |
|  | |  |  | | |
| Middle Name(s) | | Maiden Name (if applicable) | Date of Birth | | |
|  | |  |  | | |
| Place of Birth |  | | Male  Female | | |
| 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  NO | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title | | Surname | First Name | | |
|  | |  |  | | |
| Middle Name(s) | | Maiden Name (if applicable) | Date of Birth | | |
|  | |  |  | | |
| Place of Birth |  | | Male  Female | | |
| 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  NO | |

Section 7 – Day to Day Management

This section identifies who will be responsible for the day to day management of the licensed property. Please ensure questions 7.1 and 7.2 are completed where a company, including a named individual within the company, is carrying out the day to day management. Alternatively, Questions 7.3 or 7.4 should be completed where the day to day manager is an applicant or other individual.

7.1 Is the day to day Manager an organisation or company?

YES  NO

If the answer to the above question is YES, please provide the details of the company and the names of ALL the Directors or partners below. If the answer is NO, please go to question 7.3.

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

7.2 Please provide the details of all Directors or Partners where an organisation or company is carrying out the day to day management

If more than three, please use separate sheet at Section 15

**NOTE: The first named individual below will be considered as the nominated person for the organisation or company. Any change to the nominated person will require a Variation to the Licence and the appropriate fee**.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title | | Surname | First Name | |
|  | |  |  | |
| Middle Name(s) | | Maiden Name (if applicable) | Date of Birth | |
|  | |  |  | |
| Place of Birth |  | | Male  Female | |
| Home Address |  | | Postcode |  |
| Home Telephone Number | | Mobile Telephone Number | Work Telephone Number | |
|  | |  |  | |
| Email Address | |  | | |
| Landlord Registration Number | |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title | | Surname | First Name | |
|  | |  |  | |
| Middle Name(s) | | Maiden Name (if applicable) | Date of Birth | |
|  | |  |  | |
| Place of Birth |  | | Male  Female | |
| Home Address |  | | Postcode |  |
| Home Telephone Number | | Mobile Telephone Number | Work Telephone Number | |
|  | |  |  | |
| Email Address | |  | | |
| Landlord Registration Number | |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title | | Surname | First Name | |
|  | |  |  | |
| Middle Name(s) | | Maiden Name (if applicable) | Date of Birth | |
|  | |  |  | |
| Place of Birth |  | | Male  Female | |
| Home Address |  | | Postcode |  |
| Home Telephone Number | | Mobile Telephone Number | Work Telephone Number | |
|  | |  |  | |
| Email Address | |  | | |
| Landlord Registration Number | |  | | |

7.3 Will any of the applicants for this licence be carrying out the day to day management?

YES  NO

If the answer to the above question is YES, please provide the name of the applicant below. (The named individual below must appear in Section 5 or Section 6). If the answer is NO, please go to 7.4.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title | | Surname | First Name | |
|  | |  |  | |
| Middle Name(s) | | Maiden Name (if applicable) | Date of Birth | |
|  | |  |  | |
| Place of Birth |  | | Male  Female | |
| Home Address |  | | Postcode |  |
| Home Telephone Number | | Mobile Telephone Number | Work Telephone Number | |
|  | |  |  | |
| Email Address | |  | | |
| Landlord Registration Number | |  | | |

7.4 If the day to day Manager is an individual other than an applicant, named in Section 5 or Section 6, please complete the details below

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title | | Surname | First Name | |
|  | |  |  | |
| Middle Name(s) | | Maiden Name (if applicable) | Date of Birth | |
|  | |  |  | |
| Place of Birth |  | | Male  Female | |
| Home Address |  | | Postcode |  |
| Home Telephone Number | | Mobile Telephone Number | Work Telephone Number | |
|  | |  |  | |
| Email Address | |  | | |
| Landlord Registration Number  *(if applicable)* | |  | | |

Section 8 – Appointed Agent

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An Agent is an individual, organisation or company appointed to submit and process an application on behalf of the owners of the property but who will not be acting as day to day managers once a licence has been granted. **This section need not be completed if the applicant(s) or appointed day to day manager are submitting the application**.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Organisation or Company (if applicable) |  | | |
| Name of responsible person or agent |  | | |
| Address |  | Postcode |  |
| Telephone number |  | | |
| Mobile number |  | | |
| E-mail address |  | | |

Section 9 – Contacts

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

9.1 Contact for access and queries during the application process

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

9.2 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 10 – Details of Convictions and Fixed Penalty Notices

|  |  |
| --- | --- |
| Has any person listed in Sections 5, 6, 7 or 9 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 |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Section 11 – Checklist of Required Enclosures and Actions

**An application will only be deemed competent where all necessary information is submitted together with the relevant fee**.

**NEW APPLICATION CHECKLIST**

|  |  |  |  |
| --- | --- | --- | --- |
| Document | Guidance Note | Comment | Enclosed  ⌧ |
| Three sets of paper plans | 3 (a) (i) and (ii) |  |  |
| Style copy of Tenancy Agreement | 3 (b) |  |  |
| Copy of Property Insurance | 47 |  |  |
| Copy of Landlords Owners/Public Liability Insurance | 47 |  |  |
| Current NICEIC or SELECT Electrical Installation Condition Report | 3 (d) and 38 to 42 |  |  |
| Current Portable Appliance Test (PAT) Certificate | 3 (d) and 38 to 42 |  |  |
| Gas Safety Certificate (if applicable) | 3 (e) and 43 & 44 |  |  |
| Management Standards Document | 65 |  |  |
| Application Fee | 2 |  |  |
| Public Notice displayed | 4 and 5 |  |  |
| Energy Performance Certificate | 24 |  |  |

The guidance notes referred to above and below form part of Dundee City Council’s “Guidance Notes and Standards for Shared Accommodation” which is available from the Private Sector Services Unit, 5 City Square, Dundee, DD1 3BA (reception at 3 City Square) or downloadable from the website at: <http://www.dundeecity.gov.uk/housing/multipleoccupation/>

**VALIDATION APPLICATION CHECKLIST**

|  |  |  |  |
| --- | --- | --- | --- |
| Document | Guidance Note | Comment | Enclosed  ⌧ |
| Style copy of Tenancy Agreement | 3 (b) |  |  |
| Copy of Property Insurance | 47 | Current certificate and previous two years certification required. |  |
| Copy of Landlords Public Liability Insurance | 47 | Current certificate and previous two years certification required. |  |
| Current NICEIC or SELECT Electrical Installation Condition Report | 3 (d) and 38 to 42 | Certification to be current and cover the preceding period of licence. |  |
| Current Portable Appliance Test (PAT) Certificate | 3 (d) and 38 to 42 | Current certificate and previous two years certification required. |  |
| Gas Safety Certificate (if applicable) | 3 (e) and 43 & 44 | Current certificate and previous two years certification required. |  |
| Management Standards Document | 65 |  |  |
| Application Fee | 2 |  |  |
| Public Notice displayed | 4 and 5 |  |  |
| Energy Performance Certificate | 24 |  |  |

Section 11 – Checklist of Required Enclosures and Actions

**VARIATION CHECKLIST**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Document | Guidance Note | Change of ownership prior to Licensing Committee (New Application only) | Change of day to day manager | Change of Occupancy | Physical change to property | Enclosed  ⌧ |
| Three sets of paper plans | 3 (a) (i) and (ii) |  |  | Required | Required |  |
| Style copy of Tenancy Agreement | 3 (b) | Required | Required |  |  |  |
| Copy of Property Insurance | 47 | Required |  |  |  |  |
| Copy of Landlords Public Liability Insurance | 47 | Required |  |  |  |  |
| Planning Change of Use Consent (if applicable) | 7 and 13 |  |  | Required | Required |  |
| Building Standards Warrant and Completion Certificate (if applicable) | 12 |  |  |  | Required |  |
| Energy Performance Certificate | 24 |  |  |  | Required |  |
| Management Standards Document | 65 | Required | Required |  | Required |  |
| Application Fee | 2 | Required | Required | Required | Required |  |

Section 12 – Public Notice Declaration

**Where declaration (A) is made a Certificate of Compliance with paragraph 2(5) of Schedule 4 to**

**the Housing (Scotland) Act 2006 must be produced in due course** *(see notes)*.

|  |  |
| --- | --- |
| (A) | I  / we  declare that I  / we  shall, for a period of 21 days commencing with the date hereof, display at or near the premises so that it can conveniently be read by the public, a note complying with the requirements of Paragraph 2(1), (2) and (3) of Schedule 4 of the Housing (Scotland) Act 2006 *(see note 2*). |
|  | OR |
| (B) | I  / we  declare that I am  / we are  unable to display a notice of this application at or near the premises because I  / we  have no rights of access or other rights enabling me to do so, but that I  / we  have taken the following steps to acquire the necessary rights, namely: *(specify steps taken here)*. |
|  | but have been unable to acquire those rights. |
|  | OR |
| (C) | I am  / we are  not required to display a notice as the application is in respect of premises used as a Womens Refuge. |

Section 13 – Application Declaration

I DECLARE THAT THE PARTICIULARS GIVEN BY ME ON THIS FORM ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I HAVE READ THE GUIDANCE NOTES REFERRED TO AND I FURTHER ACKNOWLEDGE THAT I UNDERSTAND IT IS A CRIMINAL OFFENCE TO OPERATE AN HMO PRIOR TO A LICENCE BEING GRANTED.

|  |  |
| --- | --- |
| Signature of Applicant or Agent\*  *(\*delete as necessary)* |  |
| Date |  |

**The individual signing this application should be an applicant or alternatively the agent or day to day manager identified in this application**.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name (BLOCK CAPITALS) | |  | | |
| Position (if signing on behalf of applicant) | |  | | |
| Address |  | | Postcode |  |

**Please ensure that you have completed Section 2 of this application, acknowledging that you have read and retained the Privacy Notice at Section 16 below and where applicable have passed a copy to all of the owners’ named in this application.**

Section 14 – Notes

This application should be lodged with The Licensing Section, Dundee City Council, 20 City Square, Dundee, DD1 3BY, together with the fee and supporting documents. The fee is non refundable other than where an application is withdrawn before being determined or refused in which case a partial refund will be made (refer to Guidance Notes and Standards for Shared Accommodation, paragraph 2).

1. An application can only be made in the name of the owner(s) of the property, even if they are being represented by an appointed agent or property management service. An appointed agent (see section 8 of the application form) is a person who assists an owner in the application process but who will not be involved in the day to day management of the property. They are not subject to a Police check.
2. In terms of the Housing (Scotland) Act 2006, a Notice in the prescribed form must be prominently displayed at or as near to the property as possible so that it can be conveniently read from the public footpath, for a period of 21 days from the date the application is lodged with the local authority. *(Copy Notice enclosed)*.
3. The Certificate of Compliance, forming part of this application, must be completed and returned confirming that the steps at (A), (B) or (C) detailed in the **Section 12 – Public Notice Declaration** have been carried out.  *(Copy Certificate enclosed)*. The certificate should be submitted after the expiry of the 21 day period (see note 2 above).
4. Refer to the attached “Guidance Notes and Standards for Shared Accommodation” for further information.
5. Details of the fee scales are provided in the guidance notes.
6. Cheques should be made payable to Dundee City Council.
7. Anyone who can require a Licensing Authority to give reasons for a licensing decision (both objectors and applicants) can appeal to the Sheriff against it by summary application. The appeal must be lodged within 28 days. The Sheriff can uphold an appeal only if the authority erred in law, based their decision on an incorrect material fact, acted contrary to natural justice, or exercised their decision in an unreasonable manner.  
     
   If you are in a position where you are considering an appeal to the Sheriff you should consult a Solicitor or Citizens Advice Bureau for further information.

Enquiries should be made to the **Senior Electorial Services & Licensing Officer, Support Services, 21 City Square, Dundee, DD1 3BY**. **If calling in person please visit 20 City Square,** Dundee. For further information on **Appeals, call (01382) 434403**.

Should you require any further assistance in completing this application, please contact: **Dundee City Council’s HMO Team on Freephone 0800 085 3638, visit or write to the Private Sector Services Unit (HMO Team), 5 City Square, Dundee, DD1 3BA**.

Section 15 – Additional Applicants

Please indicate relevant section ⌧

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Section 5 |  |  | Section 6 |  |  | Section 7 |  |

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

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

Intentionally Blank

Section 16 – Privacy Notice (To be Retained by the Applicant)

The information you submit on this application form will be processed by Dundee City Council, City Square, Dundee, DD1 3BY. You can contact us on 01382 434000 or for data protection issues by email at [infogov@dundeecity.gov.uk](mailto:infogov@dundeecity.gov.uk). This is also the email address to contact the council’s Data Protection Officer, Ian Smail.

The Housing (Scotland) Act 2006 requires that private landlords must be licensed and be assessed as fit and proper, where they let a property to more than two people from more than two families who are sharing facilities.

The information private landlords and their agents provide is prescribed by legislation and it is a requirement to provide this information if you wish to operate a House in Multiple Occupation.

Failure to provide the required information may mean that we are unable to determine compliance with relevant legislation and therefore issue a licence in which case the individuals or business may not comply with relevant legislation and may be operating illegally.

Persons are under an obligation to provide assistance and information when officers are exercising power for which they are duly authorised. An offence is committed if this requirement is breached. This does not require a person to answer any questions or give information which may incriminate them.

Information held will have been provided by the landlord and or their agent, either electronically or in writing and transferred to our data management systems. We may add notes to a record as part of our administration processes.

We will use your details to process your HMO Licence application. The information provided will be shared with other council departments, Elected Members, Police Scotland and Scottish Fire & Rescue Service. It may also be shared where required by law.

Your details will be accessed by council staff who need to do so in order to provide this service***.*** The data (with the exception of details of any convictions) will also be kept in a register which is open to public inspection.The information may be shared with other Government Agencies such as the Department for Work and Pensions, HMRC and third party organisations such as Sheriff Officers, Solicitors and Credit Reference Agencies.

In general, the Council does not transfer personal data outside the UK and on the rare occasions when it does so we will ensure you are alerted to this fact. Given the purpose and limited nature of the personal information held, the Council will not transfer your data outside the UK.

Landlords are required to renew their licence every three years or shorter period as granted by the Licensing Committee. Reminders are issued by post or if necessary by email to the landlord and any appointed agent. We may also contact you and your agent to advise of legislative changes or changes in local policy.

The council maintains a records retention and disposal schedule which sets out how long we hold different types of information for. The Council will hold your information for 5 years, from the date the licence is surrendered, refused or revoked

For this purpose you have the right to be forgotten under certain circumstances and can access this right at any time. Should you wish to access this right, please contact the Data Protection Officer.

You have the right to request access to and rectification or erasure of personal data held by the council and can request that we restrict processing or object to processing

We do not use profiling or automated decision-making for this purpose.

If you are unhappy with the way we have processed your personal data you have the right to complain to the Information Commissioner’s Office:  
Information Commissioner's Office  
Wycliffe House  
Water Lane  
Wilmslow  
Cheshire  
SK9 5AF  
Helpline: 0303 123 1113  
Website: <https://ico.org.uk/>

but you should raise the issue with our Data Protection Officer first.

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| HOUSING (SCOTLAND) ACT 2006  NOTICE  House in Multiple Occupation -  Application for Licence |  |

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|  | **NOTICE IS HEREBY GIVEN** that application has been made on  to Dundee City Council for Licence of a House in Multiple Occupation in respect of the premises. | | | | | | | |  | |  |
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|  |  | | | | | | | |  | |  |
|  | at | |  | | | | | | | |  |
|  | by Name | |  | | | | | | | |  |
|  | Address | |  | | | | | | | |  |
|  |  | |  | | | | Postcode | | |  |  |
|  |  | |  | | | | | | | |  |
| **Directors' Names and Address** *(if applicable)* | | | | | | | | | | |  |
| Name | |  | | Address | | |  | | | |  |
|  |  | |  | | | | | | | |  |
| Name | |  | | Address | | |  | | | |  |
|  |  | |  | | | | | | | |  |
| Name | |  | | Address | | |  | | | |  |
|  |  | |  | | | | | | | |  |
| Name | |  | | Address | | |  | | | |  |
|  |  | |  | | | | | | | |  |
| **Day to Day Manager** | | | | | | | | | | |  |
| Name | |  | | | | | | | | |  |
| Address | |  | | | | | | | | |  |
|  | |  | | | | Postcode | |  | | |  |
|  |  | |  | | | | | | | |  |
|  | Any objections or representations in relation to the application should be made to the Head of Democratic and Legal Services, Dundee City Council, 21 City Square, Dundee, DD1 3BY generally within **28 days** of the above mentioned date. Objections and representations should be made in accordance with the following provisions, namely:  1. Any objection or representation relating to an application for the renewal of a licence shall be entertained by the Licensing Authority if, but only if, the objection or representation:  a. is in writing;  b. specifies the grounds of the objection or, as the case may be, the nature of the representation;  c. specified the name and address of the person making it;  d. is signed by him or on his behalf;  e. was made to them within 28 days of whichever is the later or, as the case may be, latest of the following dates:  i. where public notice of the application was given in a newspaper, the date when it was first so given;  ii. where Dundee City Council have required the applicant to display the Notice again from a specified date; that date:  iii. in any other case, the date when the application was made to them.  2. Notwithstanding (1)(e) above, it shall be competent for a Licensing Authority to entertain an objection or representation received by them before they may take a final decision upon the application to which it relates if they are satisfied that there is sufficient reason why it was not made in the time required.  3. An objection or representation shall be made for the purposes of (1) above if it is delivered by hand within the time there specified to the Licensing Authority or posted (by registered or recorded post) so that in the normal course of post it might be expected to be delivered to them within that time.  4. Dundee City Council shall send a copy of the objection or representation to the applicant. | | | | | | | | | |  |

Intentionally Blank

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| HOUSING (SCOTLAND) ACT 2006  CERTIFICATE OF COMPLIANCE  House in Multiple Occupation -  Application for Licence |  |

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| I |  | | | | | | being the applicant/agent for a Licence for a | | | |  |
|  | House in Multiple Occupation, hereby certify that a NOTICE has been posted at or near the | | | | | | | | | |  |
|  | premises at | | |  | | | | from |  | |  |
|  |  | | |  | | | |  |  | |  |
|  | to |  | | | | containing such information as is required by paragraph 2(1) of Schedule 4 of the above Act | | | | |  |
|  |  | | |  |  | | | | | |  |
|  | \*Where the said Notice was removed, obscured or defaced during the above mentioned period, I took reasonable steps for its protection and replacement as follows:  *(give details and circumstances)* | | | | | | | | | |  |
|  |  | | | | | | | | | |  |
|  | I have removed the NOTICE following it being displayed for 21 days | | | | | | | | | |  |
|  |  | | | | | | | | | |  |
|  | Signature | |  | | | | | Date | |  |  |
|  |  | |  | | | | |  | |  |  |
|  | *\*delete if not applicable* | | | | | | | | | |  |
|  | **This Certificate must be returned to the Senior Electoral Services & Licensing Officer, Support Services, 21 City Square, Dundee, DD1 3BY**, **only after the 21 day notice period is over. If calling in person please visit 20 City Square.** | | | | | | | | | |  |
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