 Short Term Let

Application for Grant, Renewal or Variation of Licence

|  |  |  |  |
| --- | --- | --- | --- |
| * Please include all joint owners. * Please read the attached notes at Section 14 and reference is made to the Council’s Short-term Lets Guidance Notes and Standards for Shared Accommodation, available at: <https://www.dundeecity.gov.uk/service-area/neighbourhood-services/communities-safety-and-protection/licensing/dundee-city-councils-short-term-lets-licensing>  where the detail of the relevant fees can be obtained. |  | ***For Official Use*** | |
| STL Licence Number: |  |
| Date Received: |  |
| Date Paid: |  |
| Fee Paid: |  |
| Receipt No: |  |
| Date to Officers: |  |

Section 1 – Application and Licence Type

1. This application form can be used to apply for a **New Licence, Renewal** 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.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **First Application** |  |  | **Renewal of Existing Licence** |  |  | **Variation of**  **Existing/Pending Licence** |  |

|  |  |
| --- | --- |
| **Existing Licence Number (in the case of a Renewal or Variation)** | DD |
| **Existing Licence Expiry Date** |  |

|  |  |
| --- | --- |
| **New application (where property has been used as a licensed STL previously)** |  |

|  |  |
| --- | --- |
| **Previous Licence Number (Previously licensed STL)** | DD |
| **Previous Licence Expiry Date** |  |
| **What date did you conclude the purchase?** |  |

|  |  |
| --- | --- |
| **First application (existing operator prior to 1 October 2022 – For applications made on or before 1 April 2023 by existing operators (i.e. those operating the premises in which a licence is being applied for as a short-term let on or before 1 October 2022)** |  |

2. 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 or agent |  |
| 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 – Select the type of licence you require

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Secondary Letting** |  |  | **Home Letting** |  |  | **Home Sharing** |  |

|  |  |
| --- | --- |
| **Home Sharing & Home Letting** |  |

3. If you do not own the property which is the subject of this application, do you have proof of permission from the owner(s)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **YES** |  |  | **NO** |  |  | **N/A** |  |

Section 3 – Premises Details

4. 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 | | | Unique Property Reference (if Known) | | | | |
|  | | |  | | | | |
| Maximum number of occupants | |  | | 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) | |  | | | | | |
| Will there be employees working in the premises? | | | | | | YES  NO | |

**5. Please select the type of premises:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Detached House** |  |  | **Semi-detached House** |  |  | **Terraced House** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Flat** |  |  | **Unconventional Accommodation** |  |  |

6. From the following options, please select the description that best describes your short-term let:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Self-catering** |  |  | **B&B** |  |  | **Guest House** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Home Letting** |  |  | **Other form of Home Sharing** |  |  |

Section 4 – Applicant Details (Individual Persons)

4.1 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 |

|  |  |  |  |
| --- | --- | --- | --- |
| Address (history for last 5 years). **Please provide your home address history for the last 5 years with no gaps or overlaps, starting with the most recent. Please confirm the dates you resided at these properties:** | Postcode | Date from  (month/year) | Date to  (month/year) |
|  |  |  |  |

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

7. **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 | |

|  |  |  |  |
| --- | --- | --- | --- |
| Address (history for last 5 years). **Please provide your home address history for the last 5 years with no gaps or overlaps, starting with the most recent. Please confirm the dates you resided at these properties:** | Postcode | Date from  (month/year) | Date to  (month/year) |
|  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 | |

|  |  |  |  |
| --- | --- | --- | --- |
| Address (history for last 5 years). **Please provide your home address history for the last 5 years with no gaps or overlaps, starting with the most recent. Please confirm the dates you resided at these properties:** | Postcode | Date from  (month/year) | Date to  (month/year) |
|  |  |  |  |

Section 5 – Applicant Details (Company/Charity/Trust/Partnership)

5.1 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. |  |

5.2 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 |  |

5.3 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 | |

|  |  |  |  |
| --- | --- | --- | --- |
| Address (history for last 5 years). **Please provide your home address history for the last 5 years with no gaps or overlaps, starting with the most recent. Please confirm the dates you resided at these properties:** | Postcode | Date from  (month/year) | Date to  (month/year) |
|  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 | |

|  |  |  |  |
| --- | --- | --- | --- |
| Address (history for last 5 years). **Please provide your home address history for the last 5 years with no gaps or overlaps, starting with the most recent. Please confirm the dates you resided at these properties:** | Postcode | Date from  (month/year) | Date to  (month/year) |
|  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 | |

|  |  |  |  |
| --- | --- | --- | --- |
| Address (history for last 5 years). **Please provide your home address history for the last 5 years with no gaps or overlaps, starting with the most recent. Please confirm the dates you resided at these properties:** | Postcode | Date from  (month/year) | Date to  (month/year) |
|  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 | |

|  |  |  |  |
| --- | --- | --- | --- |
| Address (history for last 5 years). **Please provide your home address history for the last 5 years with no gaps or overlaps, starting with the most recent. Please confirm the dates you resided at these properties:** | Postcode | Date from  (month/year) | Date to  (month/year) |
|  |  |  |  |

Section 6 – Day to Day Management

8. This section identifies who will be responsible for the day to day management of the licensed property. Please ensure questions 6.1 and 6.2 are completed where a company, including a named individual within the company, is carrying out the day to day management. Alternatively, Questions 6.3 or 6.4 should be completed where the day to day manager is an applicant or other individual.

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

YES  NO

9. 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 6.3.

|  |  |  |  |
| --- | --- | --- | --- |
| Corporate entity name |  | | |
| Registered or principal office address |  | Postcode |  |
| Limited company number (if applicable) |  | | |

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

10. 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 | |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Address (history for last 5 years). Please provide your home address history for the last 5 years with no gaps or overlaps, starting with the most recent. Please confirm the dates you resided at these properties: | Postcode | Date from  (month/year) | Date to  (month/year) |
|  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 | |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Address (history for last 5 years). Please provide your home address history for the last 5 years with no gaps or overlaps, starting with the most recent. Please confirm the dates you resided at these properties: | Postcode | Date from  (month/year) | Date to  (month/year) |
|  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 | |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Address (history for last 5 years). Please provide your home address history for the last 5 years with no gaps or overlaps, starting with the most recent. Please confirm the dates you resided at these properties: | Postcode | Date from  (month/year) | Date to  (month/year) |
|  |  |  |  |

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

YES  NO

11. 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 4 or Section 5). If the answer is NO, please go to 6.4.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 | |  | | |

6.4 If the day to day Manager is an individual other than an applicant, named in Section 4 or Section 5, 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)* | |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Address (history for last 5 years). Please provide your home address history for the last 5 years with no gaps or overlaps, starting with the most recent. Please confirm the dates you resided at these properties: | Postcode | Date from  (month/year) | Date to  (month/year) |
|  |  |  |  |

Section 7 – Appointed Agent

c

12. 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 8 – Contacts

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

8.1 Contact for access and queries during the application process

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

8.2 Contact for access and queries during the life of the licence

14. Applicant or Day to Day Manager’s representative

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

Section 9 – Details of Convictions, Fixed Penalty Notices and Revoked or Refused licences

|  |  |
| --- | --- |
| Has any person listed in Sections 4, 5, 6 or 8 been convicted of any offences or been issued with any fixed penalty notices? | YES  NO |

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

**NOTE: PLEASE INCLUDE DETAILS OF ANY UNSPENT CONVICTIONS IN THE TABLE BELOW**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Date | Court | Crime/Offence | Penalty |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |
| --- | --- |
| Have any of the 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 10 – Checklist of Required Enclosures and Actions First and New Application

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

**This checklist must be completed as part of your application and the relevant documents enclosed.**

|  |  |  |  |
| --- | --- | --- | --- |
| Document | Guidance Note | Comment | Enclosed  ⌧ |
| Plan of the property | 5(a) |  |  |
| Fire Safety Checklist | 5(h) and 32 to 37 |  |  |
| Copy of Property Insurance | 52 |  |  |
| Copy of Public Liability Insurance | 52 |  |  |
| Current NICEIC or SELECT Electrical Installation Condition Report | 5(c) and 42 to 45 |  |  |
| Current Portable Appliance Test (PAT) Certificate | 5(c) and 42 to 45 |  |  |
| Gas Safety Certificate (if applicable) | 5(d) and 46 to 48 |  |  |
| Legionella Risk Assessment | 5(f) |  |  |
| Planning permission Reference Number (for premises within a control area or where requested by the licensing authority) | 13 &15 |  |  |
| Application Fee | 4 |  |  |
| Public Notice displayed | 4(a) |  |  |
| Energy Performance Certificate (EPC) | 26 |  |  |
| Proof of consent from owner (if applicable) | 1(e) |  |  |
| Evidence of operation as a short-term let on or before 1 October 2022 (for existing hosts applying during transitional period) | 5(g) |  |  |

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: <https://www.dundeecity.gov.uk/service-area/neighbourhood-services/communities-safety-and-protection/licensing/dundee-city-councils-short-term-lets-licensing>

Section 11 – Checklist of Required Enclosures and Actions Renewal Application

|  |  |  |  |
| --- | --- | --- | --- |
| Document | Guidance Note | Comment | Enclosed  ⌧ |
| Fire safety Checklist | 5(h) and 32 to 37 |  |  |
| Copy of Property Insurance | 52 | Current certificate and previous two years certification required. |  |
| Copy of Public Liability Insurance | 52 | Current certificate and previous two years certification required. |  |
| Current NICEIC or SELECT Electrical Installation Condition Report | 5(c) and 42 to 45 | Certification to be current and cover the preceding period of licence. |  |
| Current Portable Appliance Test (PAT) Certificate | 5(c) and 42 to 45 | Current certificate and previous two years certification required. |  |
| Gas Safety Certificate (if applicable) | 5(d) and 46 to 48 | Current certificate and previous two years certification required. |  |
| Application Fee | 4 |  |  |
| Public Notice displayed | 4(a) |  |  |
| Energy Performance Certificate (EPC) | 26 |  |  |

Section 12 – Checklist of Required Enclosures and Actions Variation Application

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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  ⌧ |
| Plan of the property | 5(a) |  |  | Required | Required |  |
| Fire Safety Checklist | 5(h) and 32 to 37 | Required | Required | Required | Required |  |
| Copy of Property Insurance | 52 | Required |  |  |  |  |
| Copy of Liability Insurance | 52 | Required |  |  |  |  |
| Planning Change of Use Consent (if applicable) | 15 |  |  | Required | Required |  |
| Building Standards Warrant and Completion Certificate (if applicable) | 14 |  |  |  | Required |  |
| Energy Performance Certificate (EPC) | 26 |  |  |  | Required |  |
| Application Fee | 4 | Required | Required | Required | Required |  |

Section 13 – Applicants Declaration

|  |  |
| --- | --- |
| **I have**: Please tick to confirm | |
| Identified the owners and those involved in the day-to-day management of my premises |  |
| Ensured that to the best of my knowledge all those named on my application are fit and proper persons |  |
| Prepared information that will be available to guests at the premises including:  (a) a certified copy of the licence and the licence conditions,  (b) fire, gas and electrical safety information,  (c) details of how to summon the assistance of emergency services,  (d) a copy of the gas safety report,  (e) a copy of the Electrical Installation Condition Report, and  (f) a copy of the Portable Appliance Testing Report. |  |
| Applied for planning permission (if required). |  |
| Noted the requirement to display my licence number and EPC rating on listings for my premises |  |
| Checked if any additional licence conditions apply to me / my premises |  |
| Proof that furniture and furnishings/the furniture and furnishings guests have access to comply with fire safety regulations |  |
| Read and understood the mandatory conditions that will apply to my licence |  |
| Read and understood the additional conditions that will apply to my licence |  |

|  |  |
| --- | --- |
| **My premises** – please tick to confirm (or enter N/A) | |
| Meets current statutory guidance for provision of fire, smoke and heat detection |  |
| Meets statutory guidance for carbon monoxide alarms |  |
| Meets the required regulations for private water supplies (for premises with a private water supply i.e not provided by Scottish Water) |  |
| Meets obligations with regard to the Tolerable and Repairing standard (applicable to dwellinghouses) |  |

Dundee City Council as licensing authority, will use information it holds about you to determine whether you are a fit and proper person to operate a short-term let. In addition, licensing authorities to which you apply may share relevant information they hold about you with one another to help those authorities determine whether you are a fit and proper person to act as a landlord, or to act for a landlord. They may also share and seek relevant information with Police Scotland and, if appropriate, other relevant authorities.

Anyone who gives false information on this form, or fails to provide the information required by this form, is committing an offence which could lead to prosecution.

I DECLARE THAT THE PARTICULARS 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 UNDERSTAND THE MANDATORY CONDITIONS THAT APPLY TO SHORT-TERM LETS. I FURTHER ACKNOWLEDGE THAT I UNDERSTAND IT IS A CRIMINAL OFFENCE TO OPERATE AN STL PRIOR TO A LICENCE BEING GRANTED.

I WILL COMPLY WITH THE REQUIREMENT TO DISPLAY A SITE NOTICE IN ACCORDANCE WITH PARAGRAPH 2 OF SCHEDULE 1 OF THE COVIC GOVERNMENT (SCOTLAND) ACT 1982

|  |  |
| --- | --- |
| Signature of Applicant day to day manager 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 |  |

Section 14 – Notes

This application should be lodged electronically, by email to [licensing.board@dundeecity.gov.uk](mailto:licensing.board@dundeecity.gov.uk) together with the supporting documents as attachments to the email. Payment along with all required documents must be received before the application is deemed to be competent. 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 Accommodation, Note 4).

1. In terms of the Civic Government (Scotland) Act 1982 (Licensing of Short-term Lets) Order 2022, 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)*.
2. The Certificate of Compliance, forming part of this application, must be completed and submitted as an attachment to an email addressed to [licensing.board@dundeecity.gov.uk](mailto:licensing.board@dundeecity.gov.uk) The certificate should be submitted after the expiry of the 21 day period (see note 2 above).
3. Refer to “Short-term Lets Guidance Notes and Standards for Accommodation” for further information.
4. Details of the fee scales are provided in the guidance notes (refer to Guidance Notes and Standards for Accommodation, Note 4).
5. Payment of fees can be by Cheque, Card or BACS transfer. Cheques should be made payable to Dundee City Council and posted to **Electorial Services & Licensing Officer, Support Services, 21 City Square, Dundee, DD1 3BY** with the details of the STL address on the back of the cheque. If making payment by card or BACS transfer, please contact [licensing.board@dundeecity.gov.uk](mailto:licensing.board@dundeecity.gov.uk) for details when submitting the application.
6. 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**. For further information on **Appeals, call (01382) 434403**.

Should you require any further assistance in completing this application, please contact: **Dundee City Council’s STL Team on 01382 436842, visit or write to the Private Sector Services Unit (STL Team), 5 City Square, Dundee, DD1 3BA**.

Section 15 – Additional Applicants

Please indicate relevant section ⌧

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| --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | |

|  |  |  |  |
| --- | --- | --- | --- |
| Address (history for last 5 years). Please provide your home address history for the last 5 years with no gaps or overlaps, starting with the most recent. Please confirm the dates you resided at these properties: | Postcode | Date from  (month/year) | Date to  (month/year) |
|  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 | |

|  |  |  |  |
| --- | --- | --- | --- |
| Address (history for last 5 years) Please provide your home address history for the last 5 years with no gaps or overlaps, starting with the most recent. Please confirm the dates you resided at these properties: | Postcode | Date from  (month/year) | Date to  (month/year) |
|  |  |  |  |

Section 16 – Privacy Notice 

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 Civic Government (Scotland) Act 1982 (Licensing of Short-term Lets) Order 2022 requires that hosts/owners and operators must be licensed and be assessed as fit and proper, where they use a property as a Short-term Let.

The information hosts/owners and their operators or agents provide is prescribed by legislation and it is a requirement to provide this information if you wish to operate a Short-term Let.

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 host/owner and or their operator/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 STL 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.

Hosts and operators are required to renew their licence every three years or shorter period as granted by the Licensing Committee. Reminders are issued by email to the host/owner or operator 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 3 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.

|  |  |
| --- | --- |
| THE CIVIC GOVERNMENT (SCOTLAND) ACT 1982 (LICENSING OF SHORT-TERM LETS) ORDER 2022  NOTICE  Short-term Let 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 Short-term Let in respect of the premises. | | | | | | | |  | |  |
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|  |  | | | | | | | |  | |  |
|  | at | |  | | | | | | | |  |
|  | by Name | |  | | | | | | | |  |
|  | Address | |  | | | | | | | |  |
|  |  | |  | | | Postcode | | | |  |  |
|  |  | |  | | | | | | | |  |
| **Type of Licence** | | | | | | | | | | |  |
|  | | Secondary Letting | |  | | Home Sharing | | | | |  |
|  |  | |  | | | | | | | |  |
|  | | Home Letting | |  | | Home Sharing & Home Letting | | | | |  |
|  |  | |  | | | | | | | |  |
|  |  | |  | | | | | | | |  |
| **Day to Day Manager/Agents details (if different from applicant)** | | | | | | | | | | |  |
| 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 or electronically to [licensing.board@dundeecity.gov.uk](mailto:licensing.board@dundeecity.gov.uk) 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. | | | | | | | | | |  |

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| THE CIVIC GOVERNMENT (SCOTLAND) ACT 1982 (LICENSING OF SHORT-TERM LETS) ORDER 2022  CERTIFICATE OF COMPLIANCE  Short-term Let -  Application for Licence |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | |  |
| I |  | | | | | | being the applicant/agent for a Licence for a | | | |  |
|  | Short-term Let, hereby certify that a NOTICE has been posted at or near the | | | | | | | | | |  |
|  | premises at | | |  | | | | from |  | |  |
|  |  | | |  | | | |  |  | |  |
|  | to |  | | | | containing such information as is required by paragraph Paragraph 2 of Schedule 1 of the Civic Government (Scotland) Act 1982. | | | | |  |
|  |  | | |  |  | | | | | |  |
|  | \*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 or electronically to** [**licensing.board@dundeecity.gov.uk**](mailto:licensing.board@dundeecity.gov.uk) **. If calling in person please visit 21 City Square.** | | | | | | | | | |  |
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