



HMO Licensing Renewal Application

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For office use only

Date received

Reference number

If you have more than one house in multiple occupation that requires a licence you will need to complete a separate application form for each property.

Please fill in the form using BLOCK CAPITALS.

If you require more space to answer any question, please use the space provided in Section 13 or continue on additional sheets, specifying which question your answer relates to.

Address of house to be licensed

Is the applicant the proposed licence holder? Yes No (see note 1)

If **yes**, please go straight to Part 2 of the form. If **no**, please complete Part 1 of the form.

PART 1. APPLICANT DETAILS - see note 1

Surname

First name(s)

Address

Postcode

Telephone numbers: Home

Work

Mobile

Fax No

Email address

Date of birth

What is your relationship to proposed licence holder: (please tick the appropriate box)

Friend Relative Agent Solicitor Other (please specify)

What is your interest in the property?

Please go to Part 2

PART 2. PROPOSED LICENCE HOLDER DETAILS - see note 2

Type of proposed licence holder (please tick the appropriate box)

Individual Company Partnership Trustee Charity

Other (please specify)

Name of proposed licence holder (if a company, please give full company name)

Address

Telephone numbers: Home

Work

Mobile

Fax No

Email address

Date of birth

Name of company secretary: (if applicable)

Name of directors/partners/trustees: (if applicable)

Please go to Part 3

PART 3. DETAILS OF MANAGER AND PERSON IN CONTROL - see note 3

Has an agent or an individual been employed to manage the property? No (please go to 3.1)
 Yes (please go to 3.2)

3.1 If **no**, please provide the name, address and telephone number of the person who is responsible for the management of the house

Name

Telephone number

Address

3.2 If **yes**, please provide the agents details

Type of manager Individual Company Partnership Trustee Other (please specify)

Name of manager (if a company, please give full company name)

Address (if a company, please give registered office address)

Postcode

Telephone numbers: Home

Work

Mobile

Fax No

Email address

Date of birth

Is the manager a member of a regulated body? Yes No

If **yes**, please state which regulated body

Please go to Part 4

PART 4. OWNERSHIP DETAILS OF THE HOUSE TO BE LICENSED - see note 4

Please provide the following details of ownership and interests in the property to be licensed.
Where the interested party is a company, please give their registered address.

4.1 Name freeholder(s)

Address of freeholder(s)

Postcode

Email

Telephone

4.2 Name mortgagee in possession

eg. bank, building society or other who has a loan secured against the property.

Address of mortgagee

Postcode

Email

Telephone

4.3 Name of leaseholder(s) (If none, state none). Please continue on an additional sheet if necessary.

Postcode

Address of leaseholder(s) (a)

Postcode

Address of leaseholder(s) (b)

Postcode

Email

Telephone

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4.4 Name of person who collects the rent

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Address of person who collects the rent

Postcode

Email

Telephone

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4.5 Name of person who ultimately receives the rent

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Address of person who ultimately receives the rent

Postcode

Email

Telephone

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4.6 Name of any other person who may be bound by a condition of the proposed licence and who is not referred to in Parts 1, 2 and 3 of the form:

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Address of person bound by a condition

Postcode

Email

Telephone

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Please go to Part 5

PART 5. FIT & PROPER PERSON - see note 5

In order to grant a licence the authority must be satisfied that both the proposed licence holder and the proposed manager are a 'fit and proper person'. In reaching its decision the authority must have regard to evidence showing the relevant person has:

5.1 Subject to the provisions of the Rehabilitation of Offenders Act 1974, please state the particulars of any relevant issues (see following page) recorded against any person named in Parts 1,2, 3 and/or 4 or any person associated or formerly associated on a personal or work basis with those named in Parts 1, 2, 3 and/or 4. (Continue on a separate sheet if necessary.)

Relevant issues include:

- i) Criminal offences involving: Fraud, Dishonesty, Violence, Drugs, Schedule 3 of the Sexual Offences Act 2003
- ii) Practised unlawful discrimination of grounds of sex, colour, race ethnic or national origins or disability in connection with a business.
- iii) Contravened any provision of housing or landlord & tenant law. These include but are not limited to:
 - a. A Control Order under the Housing Act 1985
 - b. Proceedings by a local authority
 - c. The local authority carrying out Works in Default
 - d. A Management Order under the Housing Act 2004.
 - e. Harassment or illegal eviction
- iv) Acted in contravention of any Approved Code of Practice (ACoP)
- v) Any criminal offence or subject to any other proceedings brought by a local authority or other Regulatory Body (for example breaches of the Environmental Protection Act 1990, planning control or compulsory purchase proceedings or fire safety requirements)?

Name	Date	Court	Offence	Sentence

5.2 Has any person named in Parts 1, 2, 3 and/or 4 of this form previously held or do they currently hold a licence for another house in multiple occupation? Yes No

If **yes**, please provide the addresses of these properties, along with details of the authorities that issued the licence.

Postcode

Postcode

5.3 Has any person named in Parts 1, 2, 3 and/or 4 of this form ever applied for and been refused a house in multiple occupation licence? Yes No

If **yes**, which authority refused the licence? When was it refused?

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5.4 Has any person named in Parts 1, 2, 3 and/or 4 of this form ever breached any condition of a licence issued under Parts 2 and/or 3 of the Housing Act 2004? Yes No

If **yes**, please provide details of the licence condition(s) breached and the local authority in which they were breached

Please go to Part 6

PART 6. ADDITIONAL INFORMATION- see note 6

6.1 Is the proposed licence holder a member of any landlords association or other professional body? Yes No

If **yes**, please indicate which:

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6.2 Please list in the space below any training courses you have undertaken or conferences attended, in the last three years, which support this application:

Please go to Part 7

PART 7. NOTIFICATION OF RELEVANT PERSONS - see note 7

As the applicant, you must let certain persons know in writing that you have made this application or give them a copy of it.

The persons who need to know about it are:

- Any mortgagee of the property 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 3 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 he 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 email address or fax number (if any);
- The name, address, telephone number and email address or fax number (if any) of the proposed licence holder (if it will not be you);
- The application refers to a Part 2 (HMO) Licence;
- The address of the property to be licensed;
- The name and address of the local housing authority to which the application will be made;
- The date the application will be submitted.

I/we declare that I/we have served a notice of this application on the following persons who are the only persons known to me/us that are required to be informed that I/we have made this application.

Name	Date	Address	Description of the persons interest in the property or the application

PART 8. DECLARATION

I/we declare that the information contained in this application is correct to the best of my/our knowledge. I/we understand that I/we commit an offence if I/we supply any information to a local housing authority in connection with any of their functions under any of Parts 1 to 4 of the Housing Act 2004 that is false or misleading and which I/we know is false or misleading or I am/we are reckless as to whether it is false or misleading.

I/We declare that the house in respect of which a licence is sought under part 2/3 of the Housing Act 2004 is subject to a licence under that Part at the time this application is made. I/We further declare that to the best of my/our knowledge either:

- (a) none of the information described in paragraph 2(c) to (g)* of that Act and previously submitted to the authority, has materially changed since that licence was granted; or
- (b) the only material changes to that information are described as follows (include description of all material changes):

*type of HMO licences held; structure, layout & use of property; fire safety & amenity provision, number of occupants/households; furniture. gas & electrical safety declaration

List of material changes made to the property since last application (continue overleaf if necessary)

continued . . .

A series of 25 horizontal dotted lines for writing.

Name of applicant

Signature

Date

Name of proposed licence holder(if different to applicant)

Signature

Date

Name of manager

Signature

Date

Name (if different to applicant)

Signature

Date

Name (if different to applicant)

Signature

Date

Name (if different to applicant)

Signature

Date

PART 9. CHECKLIST OF ENCLOSURES - see note 8

Evidence of permanent residential address of proposed licence holder - one of the following is required if address has changed since your previous licence was issued:

- | | Yes |
|---|--------------------------|
| • Copy of driving licence | <input type="checkbox"/> |
| • Copy of recent bank or building society statement | <input type="checkbox"/> |
| • Recent tax correspondence | <input type="checkbox"/> |
| • Recent utility bill | <input type="checkbox"/> |

One or more of the following may be required to comply with the conditions of your previous licence (please read your licence conditions to check):

- | | Yes |
|---|--------------------------|
| • BS5839 test reports of fire detection system | <input type="checkbox"/> |
| • BS5266 test reports of emergency lighting system | <input type="checkbox"/> |
| • Periodic test certificate for the electrical installation | <input type="checkbox"/> |
| • Landlord's Gas Safety Certificate | <input type="checkbox"/> |
| • A copy of the fire risk assessment | <input type="checkbox"/> |

Please send completed application forms and copies of necessary documentation to the: Royal Borough of Windsor & Maidenhead Environmental Health, Residential Services, Tinkers Lane, Dedworth SL4 4LR

A full and proper application will only be deemed to have been made once all necessary information has been received.