

Selective Licensing Team
Leeds City Council
Millshaw Park Way
Churwell
Leeds
LS11 0LS

Tel: 0113 3950044
Fax: 0113 2477093
Email: selective.licensing@leeds.gov.uk



HOUSING ACT 2004
SELECTIVE LICENSING – APPLICATION FOR A PROPERTY LICENCE
EAST END PARK/CROSS GREEN LEEDS 9

Note – Please read the guidance notes prior to completing this form. You must complete this in black/blue ink and ensure that is legible. You MUST ensure that you complete this fully (including ensuring it is signed by all the relevant persons), provide any information that is requested and ensure that we receive it. If you do not do this, the form will NOT be treated as a valid application.

APPLICATION - FRONT SHEET

Name and Address of Applicant

Name:

Address:

Postcode:

Tel No Home/Work:

Mobile:

Fax No:

Email:

The Authority may issue a licence or other documents electronically. The recipient must indicate to the Authority that they are willing to receive such documents which will be issued in PDF format

Please indicate the nature of the application:

- Application for a selective licensing property licence – first property.
- Application for a selective licensing property licence – second and subsequent property.

Please tick the following to indicate the enclosures accompanying this application form:

- 1. Address of properties to be licensed – Section 1 – Question 1.1
- 2. Details of other properties that are licensed (or due to be licensed) under Part 2 or 3 of the Act whether within the area of Leeds City Council or any other Local Housing Authority. Section 1 Question 1.7
- 3. Names and addresses of all Directors/Partners/Trustees associated with the proposed Property Manager Section 2 – Question 2.2.
- 4. Any other – Specify
- 5. I am happy to receive documents electronically, my email address is:

FOR OFFICE USE	Date Received:	Date Acknowledged:	
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SECTION 1 APPLICANT/LICENCE HOLDER DETAILS

1.0 Name and Address of Applicant

Title: Mr Mrs Miss Ms Other

Name:

Address:

Postcode:

Tel No Home/Work:

Mobile:

Fax No:

Email:

Fit & Proper Person Registration Number (see guidance note) (not applicable if this is the first application) _____

If not issued give date of application and address of the first property for which application has been made:

1.1 Address of property to be Licensed (if more than one please list them all):

Property Number	House Number & Name	Street	Postcode
1			
2			
3			
4			
5			
6			
7			
8			

(Please continue on separate sheet if required)

1.2 Are you applying to be the Licence holder? Yes No

If **No** please go to 1.3 below
If **Yes** please go to 1.4 below

1.3 Name and Address of proposed licence holder if different from the applicant:

Title: Mr Mrs Miss Ms Other

Name:

Address:

Postcode:

Tel No Home/Work:

Mobile:

Fax No:

Email:

Fit & Proper Person Registration Number (see guidance note) (not applicable if this is the first application) _____

If not issued give date of application and address of the first property for which application has been made:

Is the proposed licence holder the: Owner Manager Other

If Other please state the proposed licence holders interest in the property

1.4 Name and Address of person owning the properties detailed in 1.1 above if different from the applicant:

Owner as in 1.1 Yes No – complete details below

Title: Mr Mrs Miss Ms Other

Name:

Address:

Postcode:

Tel No Home/Work:

Mobile:

Fax No:

Email:

1.5 Is the proposed licence holder the person who will manage the house?

Yes No

If **Yes** section 2 of this form does not need to be completed

1.6

Name and Address of person having control of the house if different from the applicant (see guidance note):

Title: Mr Mrs Miss Ms Other

Name:

Address:

Postcode:

Tel No Home/Work:

Mobile:

Fax No:

Email:

Fit & Proper Person Registration Number (see guidance note) (not applicable if this is the first application) _____

If not issued give date of application and address of the first property for which the application has been made:

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1.7

Provide the details of other HMOs or houses that are licensed (or due to be licensed) under Part 2 or 3 of the Act in respect of which the proposed licence holder is the licence holder, whether in the area of Leeds City Council or in the area of any other Local Housing Authority.

Property Number	House Number & Name	Street	Town	Postcode
1				
2				
3				
4				
5				
6				
7				
8				

Please continue on a separate sheet if necessary

1.8

Name and Address of any person (eg; the manager) who has agreed to be bound by any conditions contained in the licence (other than the licence holder) Any person agreeing to be bound by conditions must sign the declaration below:

Title: Mr Mrs Miss Ms Other

Name:

Address:

Postcode:

Tel No Home/Work:

Mobile:

Fax No:

Email:

DECLARATION

I/We declare the I/we consent to be bound by any conditions imposing restrictions or obligations contained in any licence issued.

Signed (any person other than Licence Holder who agrees to be bound by any conditions in the licence):

Print name(s) in block capitals:

Dated:

1.10 If the owner of the property is a member of the Leeds Landlord Accreditation Scheme give details of the member's name, address and membership number:

Name:

Address:

Postcode:

Membership Number:

1.11 Are you a member of a Landlord Association? Please give details of which scheme and length of membership:

1.12 If you have attended the LCC HMO licensing Professional Development Course for Landlords please give the date of the course:

1.13 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; (Please refer to the Guidance Notes)

- 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 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 he will be bound by any conditions in a licence if it is granted.

You must tell 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);
- Whether this is an application under Part 2 (for an HMO licence) or Part 3 (for a selective licence) 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;
- The date the application will be submitted.

(NOTE: THESE PERSONS MUST BE LISTED IN THE DECLARATION ATTACHED

DECLARATION

NOTE TO APPLICANTS

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

DECLARATION:

I/We declare that the information contained in this application is correct to the best of my/our knowledge.

I/We understand that I/we commit an offence if I/we supply any information to a Local housing Authority in connection with any of their functions under any of Parts 1 to 4 of the Housing Act 2004 that is false or misleading and which I/we know is false or misleading or am/are are reckless as to whether it is false or misleading.

Signed (all applicants/licence holder/manager):

Print name(s) in block capitals:

Dated:

I/we declare that I/we have served a notice of this application on the following person(s) who is/are the only person(s) known to me/us that are required to be informed that I/we have made this application:

Name:	Address:	Description of person's interest in the property or the application:	Date of service:

1.14 THIS QUESTION IS OPTIONAL

Please tick the box which best describes your ethnic origin

<u>WHITE</u>		<u>MIXED RACE</u>		<u>ASIAN OR BRITISH ASIAN</u>		<u>BLACK OR BLACK BRITISH</u>	
British	<input type="checkbox"/>	White & Black Caribbean	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>
Irish	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	African	<input type="checkbox"/>
Any other White background (specify)	<input type="checkbox"/>	White & Asian	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Other Black background (specify)	<input type="checkbox"/>
		Other Mixed (specify)	<input type="checkbox"/>	Kashmiri	<input type="checkbox"/>		
				Other Asian (specify)	<input type="checkbox"/>		
OTHER ETHNIC GROUPS							
Chinese	<input type="checkbox"/>	Gypsy/Traveller	<input type="checkbox"/>	Other background (specify)			

Form to interested parties (to be detached and given to interested parties)	
I (name of applicant)	
of (address)	
Telephone:	
Fax:	
Email:	
<p>wish to advise you that I have applied for a selective licence under Part 3 of the Housing Act 2004 to Leeds City Council's Selective Licensing Team, Leeds City Council, Millshaw, Churwell, Leeds, LS11 0LS the application being made on/...../20..... in respect of the property known as: Leeds, LS..... The name, address, telephone number and email address of the proposed licence holder is detailed below (if different from above).</p>	
Name of the proposed Licence holder:	
Address:	
Postcode:	
Telephone:	Fax:
Email:	

Form to interested parties	
I (name of applicant)	
of (address)	
Telephone:	
Fax:	
Email:	
<p>wish to advise you that I have applied for a selective licence under Part 3 of the Housing Act 2004 to Leeds City Council's Selective Licensing Team, Leeds City Council, Millshaw, Churwell, Leeds, LS11 0LS the application being made on/...../20..... in respect of the property known as: Leeds, LS..... The name, address, telephone number and email address of the proposed licence holder is detailed below (if different from above).</p>	
Name of the proposed Licence holder:	
Address:	
Postcode:	
Telephone:	Fax:
Email:	

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SECTION 2
DETAILS OF THE PROPERTY MANAGER
(IF DIFERENT FROM LICENCE HOLDER)

Where the proposed manager has already been declared as a fit and proper person a registration number will have been issued. Please detail that number or if the application is pending provide application details giving property address and date of application.

Registration Number:

OR

Full address of the property for which the application is being made:

Date of application:

2.0

Name and Address of person who will manage the property:

Title: Mr Mrs Miss Ms Other

Name:

Address:

Postcode:

Tel No Home/Work:

Mobile:

Fax No:

Email:

2.1

If the proposed manager works for a company/partnership/trust give full details of that company/partnership/trust including registered address or principal trading address where appropriate:

Name:

Address:

Postcode:

Tel No Home/Work:

Mobile:

Fax No:

Email:

2.2

Provide names and addresses of all Directors/Partners/Trustees (please use a separate sheet if necessary). Pre-printed information about your organisation is acceptable, validated by the signature of the appropriate officer:

Title: Mr Mrs Miss Ms Other

Name:

Address:

Postcode:

Tel No Home/Work:

Mobile:

Fax No:

Email:

2.3

Provide the name and address of the Company Secretary:

Title: Mr Mrs Miss Ms Other

Name:

Address:

Postcode:

Tel No Home/Work:

Mobile:

Fax No:

Email:

2.4 Fit & Proper Person. (see guidance notes)

The Local Authority must have regard (amongst other things) to the following matters in relation to any person who will be the licence holder or manager: You **MUST** declare whether any these apply to you. Failure to do so could result in action taken against you including criminal proceedings.

- (a) Details of any unspent convictions that may be relevant to the proposed licence holder's fitness to hold a licence, or the proposed manager's fitness to manage the HMO or house, and, in particular any such conviction in respect of any offence involving fraud or other dishonesty, or violence or drugs or any offence listed in Schedule 3 to the Sexual Offenders Act 2003 (offences attracting notification requirements);
- (b) Details of any finding by a court or tribunal against the proposed licence holder or manager that he has 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;
- (c) Details of any contravention on the part of the proposed licence holder or manager of any provision of any enactment relating to housing, public health, environmental health or landlord and tenant law which led to civil or criminal proceedings resulting in a judgement being made against them;
- (d) Information about any HMO or house that the proposed licence holder or manager owns or manages or has owned or managed which has been the subject of –
 - (i) a control order under section 379 of the Housing Act 1985 in the five years preceding the date of the application; or
 - (ii) any appropriate enforcement action described in section 5(2) of the Housing Act 2004.
- (e) Information about any HMO or house the proposed licence holder or manager owns or manages or has owned or managed 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; and
- (f) Information about any HMO or house the proposed licence holder or manager owns or manages or has owned or managed that has been the subject of an interim or final management order under the Housing Act 2004.

Do any of the above apply

Yes

No

If Yes please provide full details below

If No please go to the declaration

DECLARATION

NOTE TO APPLICANTS/PROPOSED LICENCE HOLDERS/MANAGERS

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

DECLARATION:

I/We declare that the information contained in this application is correct to the best of my/our knowledge.

I/We understand that I/we commit an offence if I/we supply any information to a Local housing Authority in connection with any of their functions under any of Parts 1 to 4 of the Housing Act 2004 that is false or misleading and which I/we know is false or misleading or am/are are reckless as to whether it is false or misleading.

Signed Applicant/Licence Holder/Manager

Print name(s) in block capitals:

Dated:

2.5 THIS QUESTION IS OPTIONAL

Please tick the box which best describes your ethnic origin

<u>WHITE</u>	<u>MIXED RACE</u>	<u>ASIAN OR BRITISH ASIAN</u>	<u>BLACK OR BLACK BRITISH</u>
British <input type="checkbox"/>	White & Black Caribbean <input type="checkbox"/>	Indian <input type="checkbox"/>	Caribbean <input type="checkbox"/>
Irish <input type="checkbox"/>	White & Black African <input type="checkbox"/>	Pakistani <input type="checkbox"/>	African <input type="checkbox"/>
Any other White background (specify) <input type="checkbox"/>	White & Asian <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Other Black background (specify) <input type="checkbox"/>
	Other Mixed (specify) <input type="checkbox"/>	Kashmiri <input type="checkbox"/>	
		Other Asian (specify) <input type="checkbox"/>	
OTHER ETHNIC GROUPS			
Chinese <input type="checkbox"/>	Gypsy/Traveller <input type="checkbox"/>	Other background (specify)	

SECTION 3
PROPERTY DETAILS – TO BE COMPLETED FOR EVERY PROPERTY

3.0 Proposed licence holder name:

3.1 Address of property for which the application is being made:

3.2 Is the property:

- | | | | |
|--|--------------------------|------------------------------|--------------------------|
| House in single occupation | <input type="checkbox"/> | House in Multiple Occupation | <input type="checkbox"/> |
| Flat in single occupation | <input type="checkbox"/> | Flat in Multiple Occupation | <input type="checkbox"/> |
| Purpose built block of flats | <input type="checkbox"/> | Hostel | <input type="checkbox"/> |
| House converted into and comprising only of self contained flats | <input type="checkbox"/> | Other please specify | <input type="checkbox"/> |

3.3 Approximate date of original construction:

- | | | | |
|-------------|--------------------------|-------------|--------------------------|
| Before 1919 | <input type="checkbox"/> | 1919 – 1945 | <input type="checkbox"/> |
| 1945 – 1964 | <input type="checkbox"/> | 1965 - 1980 | <input type="checkbox"/> |
| After 1980 | <input type="checkbox"/> | | |

3.4 Is the property:

- | | | | |
|----------------------------|--------------------------|---------------------------|--------------------------|
| Detached house | <input type="checkbox"/> | Mid terraced back to back | <input type="checkbox"/> |
| Semi-detached | <input type="checkbox"/> | End terraced back to back | <input type="checkbox"/> |
| Mid through terrace house | <input type="checkbox"/> | Converted flat | <input type="checkbox"/> |
| End through terraced house | <input type="checkbox"/> | Purpose built flat | <input type="checkbox"/> |

3.5 How many storeys are in the property? (see guidance notes): _____

3.6 Please indicate the floors the property has:

Basement	<input type="checkbox"/>	Lower ground floor	<input type="checkbox"/>
Ground floor	<input type="checkbox"/>	First floor	<input type="checkbox"/>
Second floor	<input type="checkbox"/>	Third floor	<input type="checkbox"/>

If the property has a basement or lower ground floor is this used for habitable purposes? Yes No

3.7 How many habitable rooms are there in the property (other than kitchens and bathrooms):
NOTE: *Habitable rooms include lounges, dining rooms, and bedrooms*

3.8 Does the property have any use other than for residential purposes (eg: shop, office)?

Yes No

If **Yes** please advise of nature of other use and on which storey(s) these activities are carried out:

3.9 Does the landlord reside in this property?

Yes No

If no go to question 3.11

3.10 Is the proposed licence holder the resident landlord?

Yes No

3.11 Please state the total number of separate letting units in the accommodation: _____

3.12 Please indicate the total number of households who will occupy the property:

3.13 Please indicate the total number of households currently occupying the house:

3.14 Please indicate the maximum number of persons who could occupy the property:

3.15 Please indicate the total number of persons currently occupying the property:

3.16 Do any of the occupiers present a higher risk due to factors such as limited mobility or alcohol/drug dependency?

Yes No

3.17 Please indicate the total number of bathrooms and shower rooms in the house:

3.18 Please indicate the total number of toilets with washbasins in the property (including those in bathroom/shower rooms):

Please indicate the number of WCs in the house not provided with a washbasin:

3.19 Please indicate the total number of kitchens in the property:

Please indicate the total number of sinks in the property:

3.20 Provide details of any fire precautions equipment in the property including the number and location of smoke alarms:

3.21 Provide details of any fire escape routes from the property:

3.22 Provide details of any fire safety training provided to the occupiers of the property:

3.23 Do any units of accommodation have their own personal kitchen facilities?

Yes No

If **Yes**, please give details & location of the accommodation:

3.24 Is there a gas supply to the property?

Yes No

If **Yes** current Gas Safety legislation require that an annual gas safety check is carried out.

Is there a current gas safety certificate available?

Yes No

3.25 Does the tenancy agreement include any clauses relating to anti social behaviour?

Yes No

If **Yes** provide details:

3.26 Which government authorised tenancy deposit scheme do you use to protect deposit payments?

My Deposits The Deposit Protection Service

The Tenancy Deposit Scheme No tenancy deposits are taken

3.27 Do you take references before granting a new tenancy?

Yes No

If **Yes** what type of references do you normally accept and from who?

3.28 Has the electrical installations and fixed electrical appliances been inspected and tested within the last five years by a person qualified to undertake such inspection and testing?

Yes No

If **No** have you any arrangements for testing to be carried out?

Yes No

If **Yes** please give details:

3.29 Does the property have a yard or garden?

Yes No

If **Yes** please provide details of what maintenance works are undertaken to the yard/garden and when these works are normally carried out:

3.30 Are there adequate facilities for the storage and disposal of refuse?

Yes No

Please provide details of the refuse storage facilities:

DECLARATION

NOTE TO APPLICANTS/PROPOSED LICENCE HOLDERS/MANAGERS

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

DECLARATION:

I/We declare that the furniture in the house that is provided under the terms of any tenancy or licence meets any safety requirements contained in any enactment and further

I/We declare that any gas appliances in the house meet any safety requirements contained in any enactment:

I/We declare that the information contained in this application is correct to the best of my/our knowledge.

I/We understand that I/we commit an offence if I/we supply any information to a Local housing Authority in connection with any of their functions under any of Parts 1 to 4 of the Housing Act 2004 that is false or misleading and which I/we know is false or misleading or am/are are reckless as to whether it is false or misleading.

Signed Applicant/Licence Holder/Manager

Print name(s) in block capitals:

Dated: