

Application for renewal of a licence for a house in multiple occupation (HMO)

This is an application form for the renewal of an HMO licence where there is a current licence in place which is about to expire, and where there have not been any material or significant changes to the information previously submitted to us. If there are changes you need to make a new application to licence a HMO.

Please return this form via email to privatesectorhousing@tunbridgewells.gov.uk and if you have any queries, please call us on 01892 554241

Section 1: Application details

Address of property to be re-licensed:

Postcode:

Section 2: Licence holder details

Please confirm the full name, address and contact details of the licence holder. If a limited company, please give the full company name and address of registered office.

Surname		First name(s)	
Address			

Contact details:

Home		Work	
Mobile			
Email			

Section 3: Manager's details

Has an agent/manager been employed to manage the property? Yes No

If the answer is yes, please complete this section. If no, please go to section 4

Surname	<input type="text"/>	First name(s)	<input type="text"/>
Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		

Contact details:

Home	<input type="text"/>	Work	<input type="text"/>
Mobile	<input type="text"/>		
Email	<input type="text"/>		

Section 4: Fit and proper person information

This section must be completed by or on behalf of the licence holder, and the manager.

4.1 Have the licence holder or the manager any unspent convictions involving the following:

	Licence holder		Manager	
a) Fraud	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b) Dishonesty	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c) Violence	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d) Drugs	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e) Sexual Offences Act 2003 Schedule 3	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

4.2 Have the licence holder or manager been found by a court or tribunal to have been involved with any unlawful discrimination on grounds of:

	Licence holder		Manager					
a) Sex	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
b) Colour	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
c) Race	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
d) Ethnic or national origin	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
e) Disability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

4.3 Have the licence holder or anyone associated with the manager contravened any provision of housing or landlord and tenant law leading to civil or criminal proceedings where a judgement has been made against?

	Licence holder		Manager					
a) Environmental Protection Act 1990 (Statutory Nuisance)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
b) Landlord and Tenant Act 1985 at b) (Breach of Repairing Obligation)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
c) Immigration Act 2014 (Part 3)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
d) Ethnic or national origin	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
e) Housing Act 2004 (Part 1)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Within the last 5 years, have the licence holder or manager been in control of a property where:

	Licence holder		Manager					
a) works in default were carried out by the local authority	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
b) a Management Order was made	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

c) a licence has been refused or licence conditions breached

Yes No Yes No

d) acted in contravention of any Approved Code of Practice

Yes No Yes No

Section 5: Declarations by applicant and licence holder

I/ We declare that the house in respect of which a licence is sought under Part 2 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.

Applicant

Print Name

Signed

Date

Contact details:

Home

Work

Mobile

Email

Licence holder

Print Name

Signed

Date