

# HOUSING ACT 2004, PART 2 HOUSE IN MULTIPLE OCCUPATION (HMO) LICENCE APPLICATION

+++ Please refer to the Application Form Guidance Notes when completing this form +++

Address of property: \_\_\_\_\_  
\_\_\_\_\_ Post code \_\_\_\_\_

Application for:  
First time licence     Renewal of licence     Variation of existing licence     (tick appropriate box)  
Exemption from licensing (complete only Section 1.1, Questions 2.1 to 2.7, Section 7, and Section 8)

## SECTION 1: OWNERSHIP AND MANAGEMENT DETAILS

**1.1 APPLICANT DETAILS:**  
Name (in full): \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ Post code \_\_\_\_\_  
Tel No(s): \_\_\_\_\_ Fax No: \_\_\_\_\_  
E-mail: \_\_\_\_\_

1. Are you the:    Freeholder     Leaseholder     Manager   
                         Other  Please specify \_\_\_\_\_

2. Are you the person having control? (*See note 1.1.2*)    Yes     No   
If no, specify who is \_\_\_\_\_

**1.2 PROPOSED LICENCE HOLDER DETAILS: (*See note 1.2*)**  
Name (in full): \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ Post code \_\_\_\_\_  
Tel No(s): \_\_\_\_\_ Fax No: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Does the proposed licence holder hold **or** propose to hold an HMO licence under Parts 2 or 3 of the Housing Act 2004 for any other HMO:

|   |                              |                             |
|---|------------------------------|-----------------------------|
| within the London Borough of Haringey?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| outside the London Borough of Haringey? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**PROPOSED LICENCE HOLDER DETAILS (Cont'd):**

If yes, please specify the address(es) below:

| Address | Borough/Authority |
|---------|-------------------|
|         |                   |
|         |                   |
|         |                   |

Continue on a separate sheet if necessary

**1.3 FREEHOLDER DETAILS:** (For a limited company please provide the Registered address)

Name (in full): \_\_\_\_\_

Address: \_\_\_\_\_

Post code \_\_\_\_\_

Tel No(s): \_\_\_\_\_ Fax No: \_\_\_\_\_

E-mail: \_\_\_\_\_

How long has the freeholder held the freehold of the property? \_\_\_\_\_

For companies only, please specify below details of the Principal address, where different from the Registered address. In the case of a Limited Company, Partnership or trust registered outside the UK specify the address within the UK where any documents may be served.

Address: \_\_\_\_\_

Post code \_\_\_\_\_

Tel No(s): \_\_\_\_\_ Fax No: \_\_\_\_\_

E-mail: \_\_\_\_\_

Contact name: \_\_\_\_\_

**1.4 LEASEHOLDER DETAILS:** (For a limited company please provide the Registered address)

Name (in full): \_\_\_\_\_

Address: \_\_\_\_\_

Post code \_\_\_\_\_

Tel No(s): \_\_\_\_\_ Fax No: \_\_\_\_\_

E-mail: \_\_\_\_\_

Description of leased premises \_\_\_\_\_

Length of lease \_\_\_\_\_ Date lease granted \_\_\_\_\_

For companies only, please specify below details of the Principal address, where different from the Registered address. In the case of a Limited Company, Partnership or trust registered outside the UK specify the address within the UK where any documents may be served.

Address: \_\_\_\_\_

Post code \_\_\_\_\_

Tel No(s): \_\_\_\_\_ Fax No: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please provide details of any additional leaseholders on a separate sheet

**1.5 MANAGER DETAILS:** (For a limited company please provide the Registered address)

Name (in full): \_\_\_\_\_

Address: \_\_\_\_\_

Post code

Tel No(s): \_\_\_\_\_ Fax No: \_\_\_\_\_

E-mail: \_\_\_\_\_

For companies, provide a contact name: \_\_\_\_\_

**1.6 RENT COLLECTOR DETAILS:**

Name (in full): \_\_\_\_\_

Address: \_\_\_\_\_

Post code

Tel No(s): \_\_\_\_\_ Fax No: \_\_\_\_\_

E-mail: \_\_\_\_\_

**1.7 OTHER RELEVANT PERSONS' DETAILS:** (See note 1.7)

Name (in full): \_\_\_\_\_

Address: \_\_\_\_\_

Post code

Tel No(s): \_\_\_\_\_ Fax No: \_\_\_\_\_

E-mail: \_\_\_\_\_

Interest in property: \_\_\_\_\_

For companies, provide a contact name: \_\_\_\_\_

Name (in full): \_\_\_\_\_

Address: \_\_\_\_\_

Post code

Tel No(s): \_\_\_\_\_ Fax No: \_\_\_\_\_

E-mail: \_\_\_\_\_

Interest in property: \_\_\_\_\_

For companies, provide a contact name: \_\_\_\_\_

*Please provide details of any other relevant persons on a separate sheet*

## **SECTION 2: PROPERTY DETAILS**

### **GENERAL DETAILS:**

- 2.1 Age of property: Pre 1919  1919-1945  1945-1964  1965-1980  Post 1980
- 2.2 Type of property: Residential only  Mixed residential and commercial
- 2.3 Total number of storeys: \_\_\_\_\_ **(See note 2.3)**
- 2.4 Total number of residential units: \_\_\_\_\_  
(i) number of bedsit rooms sharing facilities \_\_\_\_\_  
(ii) number of self-contained or studio flats and non-self-contained flats \_\_\_\_\_ **(See note 2.4)**
- 2.5 Total number of habitable rooms in the whole property \_\_\_\_\_ **(See note 2.5)**
- 2.6 Total number of households occupying the whole property \_\_\_\_\_ **(See note 2.6)**
- 2.7 Total number of persons occupying the whole property: \_\_\_\_\_ **(See note 2.7)**

Please complete Sections 2A and 2C below for properties consisting entirely of bedsit rooms sharing facilities.

Please complete Sections 2A, 2B and 2C below for properties with a mixture of bedsit rooms and self-contained or studio flats, or where units of accommodation have exclusive use of all facilities but are not self-contained.

### **SECTION 2A: DETAILS OF BEDSIT ROOMS**

Room location \_\_\_\_\_ **(See note 2.8)**

Room number *(if applicable)* \_\_\_\_\_ Room size \_\_\_\_\_ **(See note 2.9)**

Name(s) of current occupier(s) \_\_\_\_\_ **(See note 2.10)**

Type of tenancy \_\_\_\_\_

Does the accommodation contain the following?

|                     |                              |                             |  |                        |                              |                              |                             |
|---------------------|------------------------------|-----------------------------|--|------------------------|------------------------------|------------------------------|-----------------------------|
| Kitchen facilities: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Partial <input type="checkbox"/>       | <b>(See note 2.11)</b> | Sink:                        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Bath/shower room:   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | <b>(See note 2.12)</b>                 |                        | WC:                          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Wash-hand basin:    | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes, is it in the bath/shower room? |                        | Yes <input type="checkbox"/> | No <input type="checkbox"/>  |                             |

Smoke and/or heat alarms/detectors: Yes  No   
If yes, are they battery-operated or mains wired? \_\_\_\_\_ **(See note 2.13)**

Room location \_\_\_\_\_ **(See note 2.8)**

Room number *(if applicable)* \_\_\_\_\_ Room size \_\_\_\_\_ **(See note 2.9)**

Name(s) of current occupier(s) \_\_\_\_\_ **(See note 2.10)**

Type of tenancy \_\_\_\_\_

Does the accommodation contain the following?

|                     |                              |                             |  |                        |                              |                              |                             |
|---------------------|------------------------------|-----------------------------|--|------------------------|------------------------------|------------------------------|-----------------------------|
| Kitchen facilities: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Partial <input type="checkbox"/>       | <b>(See note 2.11)</b> | Sink:                        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Bath/shower room:   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | <b>(See note 2.12)</b>                 |                        | WC:                          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Wash-hand basin:    | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes, is it in the bath/shower room? |                        | Yes <input type="checkbox"/> | No <input type="checkbox"/>  |                             |

Smoke and/or heat alarms/detectors: Yes  No   
If yes, are they battery-operated or mains wired? \_\_\_\_\_ **(See note 2.13)**

Room location \_\_\_\_\_ **(See note 2.8)**

Room number (if applicable) \_\_\_\_\_ Room size \_\_\_\_\_ **(See note 2.9)**

Name(s) of current occupier(s) \_\_\_\_\_ **(See note 2.10)**

\_\_\_\_\_

Type of tenancy \_\_\_\_\_

Does the accommodation contain the following?

Kitchen facilities: Yes  No  Partial  **(See note 2.11)** Sink: Yes  No

Bath/shower room: Yes  No  **(See note 2.12)** WC: Yes  No

Wash-hand basin: Yes  No  If yes, is it in the bath/shower room? Yes  No

Smoke and/or heat alarms/detectors: Yes  No

If yes, are they battery-operated or mains wired? \_\_\_\_\_ **(See note 2.13)**

Room location \_\_\_\_\_ **(See note 2.8)**

Room number (if applicable) \_\_\_\_\_ Room size \_\_\_\_\_ **(See note 2.9)**

Name(s) of current occupier(s) \_\_\_\_\_ **(See note 2.10)**

\_\_\_\_\_

Type of tenancy \_\_\_\_\_

Does the accommodation contain the following?

Kitchen facilities: Yes  No  Partial  **(See note 2.11)** Sink: Yes  No

Bath/shower room: Yes  No  **(See note 2.12)** WC: Yes  No

Wash-hand basin: Yes  No  If yes, is it in the bath/shower room? Yes  No

Smoke and/or heat alarms/detectors: Yes  No

If yes, are they battery-operated or mains wired? \_\_\_\_\_ **(See note 2.13)**

Room location \_\_\_\_\_ **(See note 2.8)**

Room number (if applicable) \_\_\_\_\_ Room size \_\_\_\_\_ **(See note 2.9)**

Name(s) of current occupier(s) \_\_\_\_\_ **(See note 2.10)**

\_\_\_\_\_

Type of tenancy \_\_\_\_\_

Does the accommodation contain the following?

Kitchen facilities: Yes  No  Partial  **(See note 2.11)** Sink: Yes  No

Bath/shower room: Yes  No  **(See note 2.12)** WC: Yes  No

Wash-hand basin: Yes  No  If yes, is it in the bath/shower room? Yes  No

Smoke and/or heat alarms/detectors: Yes  No

If yes, are they battery-operated or mains wired? \_\_\_\_\_ **(See note 2.13)**

If necessary, continue on a separate sheet for additional bedsit rooms

**SECTION 2B: DETAILS OF SELF-CONTAINED UNITS OR OTHERS WITH EXCLUSIVE USE OF FACILITIES**

Flat location \_\_\_\_\_ (See note 2.14)  
Flat number (if applicable) \_\_\_\_\_ Flat size \_\_\_\_\_ (See note 2.15)  
Name(s) of current occupier(s) \_\_\_\_\_ (See note 2.10)  
\_\_\_\_\_  
Number of households \_\_\_\_\_ (See note 2.6)  
Type of tenancy \_\_\_\_\_  
Number of habitable rooms \_\_\_\_\_ (See note 2.5)  
Are the kitchen facilities in a separate room? Yes  No   
Are the kitchen facilities complete? Yes  No  (See note 2.11) Number of sinks \_\_\_\_\_  
Number of bath/shower rooms \_\_\_\_\_ Number of separate WC compartments \_\_\_\_\_  
Total number of wash-hand basins \_\_\_\_\_  
Are there smoke and/or heat alarms/detectors in the flat? Yes  No   
If yes, are they battery-operated or mains wired? \_\_\_\_\_ (See note 2.13)

Flat location \_\_\_\_\_ (See note 2.14)  
Flat number (if applicable) \_\_\_\_\_ Flat size \_\_\_\_\_ (See note 2.15)  
Name(s) of current occupier(s) \_\_\_\_\_ (See note 2.10)  
\_\_\_\_\_  
Number of households \_\_\_\_\_ (See note 2.6)  
Type of tenancy \_\_\_\_\_  
Number of habitable rooms \_\_\_\_\_ (See note 2.5)  
Are the kitchen facilities in a separate room? Yes  No   
Are the kitchen facilities complete? Yes  No  (See note 2.11) Number of sinks \_\_\_\_\_  
Number of bath/shower rooms \_\_\_\_\_ Number of separate WC compartments \_\_\_\_\_  
Total number of wash-hand basins \_\_\_\_\_ Location(s) \_\_\_\_\_  
Are there smoke and/or heat alarms/detectors in the flat? Yes  No   
If yes, are they battery-operated or mains wired? \_\_\_\_\_ (See note 2.13)

Flat location \_\_\_\_\_ (See note 2.14)  
Flat number (if applicable) \_\_\_\_\_ Flat size \_\_\_\_\_ (See note 2.15)  
Name(s) of current occupier(s) \_\_\_\_\_ (See note 2.10)  
\_\_\_\_\_  
Number of households \_\_\_\_\_ (See note 2.6)  
Type of tenancy \_\_\_\_\_  
Number of habitable rooms \_\_\_\_\_ (See note 2.5)  
Are the kitchen facilities in a separate room? Yes  No   
Are the kitchen facilities complete? Yes  No  (See note 2.11) Number of sinks \_\_\_\_\_  
Number of bath/shower rooms \_\_\_\_\_ Number of separate WC compartments \_\_\_\_\_  
Total number of wash-hand basins \_\_\_\_\_ Location(s) \_\_\_\_\_  
Are there smoke and/or heat alarms/detectors in the flat? Yes  No   
If yes, are they battery-operated or mains wired? \_\_\_\_\_ (See note 2.13)

Flat location \_\_\_\_\_ **(See note 2.14)**

Flat number *(if applicable)* \_\_\_\_\_ Flat size \_\_\_\_\_ **(See note 2.15)**

Name(s) of current occupier(s) \_\_\_\_\_ **(See note 2.10)**

Number of households \_\_\_\_\_ **(See note 2.6)**

Type of tenancy \_\_\_\_\_

Number of habitable rooms \_\_\_\_\_ **(See note 2.5)**

Are the kitchen facilities in a separate room? Yes  No

Are the kitchen facilities complete? Yes  No  **(See note 2.11)** Number of sinks \_\_\_\_\_

Number of bath/shower rooms \_\_\_\_\_ Number of separate WC compartments \_\_\_\_\_

Total number of wash-hand basins \_\_\_\_\_ Location(s) \_\_\_\_\_

Are there smoke and/or heat alarms/detectors in the flat? Yes  No

If yes, are they battery-operated or mains wired? \_\_\_\_\_ **(See note 2.13)**

Flat location \_\_\_\_\_ **(See note 2.14)**

Flat number *(if applicable)* \_\_\_\_\_ Flat size \_\_\_\_\_ **(See note 2.15)**

Name(s) of current occupier(s) \_\_\_\_\_ **(See note 2.10)**

Number of households \_\_\_\_\_ **(See note 2.6)**

Type of tenancy \_\_\_\_\_

Number of habitable rooms \_\_\_\_\_ **(See note 2.5)**

Are the kitchen facilities in a separate room? Yes  No

Are the kitchen facilities complete? Yes  No  **(See note 2.11)** Number of sinks \_\_\_\_\_

Number of bath/shower rooms \_\_\_\_\_ Number of separate WC compartments \_\_\_\_\_

Total number of wash-hand basins \_\_\_\_\_ Location(s) \_\_\_\_\_

Are there smoke and/or heat alarms/detectors in the flat? Yes  No

If yes, are they battery-operated or mains wired? \_\_\_\_\_ **(See note 2.13)**

Flat location \_\_\_\_\_ **(See note 2.14)**

Flat number *(if applicable)* \_\_\_\_\_ Flat size \_\_\_\_\_ **(See note 2.15)**

Name(s) of current occupier(s) \_\_\_\_\_ **(See note 2.10)**

Number of households \_\_\_\_\_ **(See note 2.6)**

Type of tenancy \_\_\_\_\_

Number of habitable rooms \_\_\_\_\_ **(See note 2.5)**

Are the kitchen facilities in a separate room? Yes  No

Are the kitchen facilities complete? Yes  No  **(See note 2.11)** Number of sinks \_\_\_\_\_

Number of bath/shower rooms \_\_\_\_\_ Number of separate WC compartments \_\_\_\_\_

Total number of wash-hand basins \_\_\_\_\_ Location(s) \_\_\_\_\_

Are there smoke and/or heat alarms/detectors in the flat? Yes  No

If yes, are they battery-operated or mains wired? \_\_\_\_\_ **(See note 2.13)**

**SECTION 2C: DETAILS OF SHARED FACILITIES**

Shared facilities are kitchens, bath/shower rooms and WC compartments that are shared by more than one household. Do **not** include details of any facilities already recorded in Sections 2A and 2B.

Number of shared kitchens \_\_\_\_\_ Number of shared bath/shower rooms with a WC \_\_\_\_\_  
 Number of shared WC compartments \_\_\_\_\_ Number of shared bath/shower rooms without WC \_\_\_\_\_

Please complete for each shared kitchen:

| Location<br>(See note 2.8) | Are the facilities complete?<br>(See note 2.16)<br>Yes/No |
|----------------------------|---|
|                            |   |
|                            |   |
|                            |   |
|                            |   |

Total number of households sharing the kitchens \_\_\_\_\_

Total number of persons sharing the kitchens \_\_\_\_\_

Please complete for each shared bath/shower room:

| Location<br>(See note 2.8) | Is there a WC<br>in the room?<br>Yes/No | Is there a<br>wash-hand basin?<br>Yes/No |
|----------------------------|---|--|
|                            |   |  |
|                            |   |  |
|                            |   |  |
|                            |   |  |

Total number of households sharing the bath/shower rooms \_\_\_\_\_

Total number of persons sharing the bath/shower rooms \_\_\_\_\_

Please complete for each shared WC compartment (i.e. not in a bath/shower room):

| Location<br>(See note 2.8) | Is there a wash-hand<br>basin in the<br>compartment?<br>Yes/No |
|----------------------------|--|
|                            |  |
|                            |  |
|                            |  |
|                            |  |

Total number of households sharing the WC compartments \_\_\_\_\_

Total number of persons sharing the WC compartments \_\_\_\_\_

*If necessary, continue on a separate sheet for additional shared facilities*

### **SECTION 3: MANAGEMENT ARRANGEMENTS**

#### **MANAGER'S BACKGROUND:**

3.1 How long has the manager been involved in any form of property management? \_\_\_\_\_

3.2 Is the manager currently managing other private rented property in Haringey or elsewhere? Yes  No

If yes, please provide the following information for each property:

| Address | Borough/Authority | Licensable HMO? |
|---------|-------------------|-----------------|
|         |                   |                 |
|         |                   |                 |
|         |                   |                 |

*Continue on a separate sheet if necessary*

3.3 Is the manager an accredited landlord? Yes  No  **(See note 3.3)**

If yes, give date(s) and detail(s) of training received \_\_\_\_\_

3.4 Is the proposed license holder (if different from the manager) an accredited landlord? Yes  No

If yes, give date(s) and detail(s) of training received \_\_\_\_\_

#### **PROPERTY MANAGEMENT:**

3.5 Is the property regularly inspected by the manager? Yes  No

If yes, how often are these inspections? \_\_\_\_\_

3.6 What regular maintenance is carried out at the property? \_\_\_\_\_

3.7 Is there a 24-hour emergency contact telephone number provided for the occupiers? Yes  No

If yes, specify the number and contact name: \_\_\_\_\_

3.8 Briefly explain how funds are made available for general maintenance and emergency repairs at the property \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3.9 How often are the common parts and shared facilities cleaned? \_\_\_\_\_

3.10 Who carries out this cleaning? \_\_\_\_\_

3.11 What facilities are provided for refuse storage? \_\_\_\_\_

3.12 Are gas appliances inspected and serviced on an annual basis by a CORGI registered engineer? Yes  No

If yes, date of most recent inspection \_\_\_\_\_ **(See also Section 6: Enclosures)**

3.13 Is the electrical installation regularly checked by an NICEIC or ECA registered engineer? Yes  No

If yes, date of most recent inspection \_\_\_\_\_ **(See also Section 6: Enclosures)**

3.14 Do you provide any electrical appliances within the common parts or lettings? Yes  No

If yes, do they comply with the Electrical Equipment (Safety) Regs 1994? Yes  No  Don't know

3.15 Is there a mains linked interconnected fire detection system in the property? Yes  No  Don't know

If yes - is the system inspected regularly in accordance with BS 5839? Yes  No

- date of most recent inspection \_\_\_\_\_ **(See also Section 6: Enclosures)**

- is there a log book of inspections and testing? Yes  No

**PROPERTY MANAGEMENT(Cont'd):**

3.16 Is there an emergency lighting system within the property? Yes  No

If yes - is the system inspected regularly in accordance with BS 5266? Yes  No

- date of most recent inspection \_\_\_\_\_ (See also Section 6: Enclosures)

3.17 Is the following fire safety equipment provided?

- fire blankets in kitchens Yes  No

- fire extinguishers Yes  No

If yes, has all the equipment been tested within the past 12 months? Yes  No  Don't know

(See also Section 6: Enclosures)

3.18 Do you provide upholstered furniture within the lettings? Yes  No

If yes, does it comply with the Furniture and Furnishings (Fire Safety) Regs? Yes  No  Don't know

**TENANCY ARRANGEMENTS**

3.19 Are occupiers provided with a written tenancy agreement at the beginning of their occupancy? Yes  No

(See also Section 6: Enclosures)

3.20 Are occupiers provided with a checked inventory and statement of condition at the beginning of their occupancy?

Yes  No

**SECTION 4: FIT AND PROPER PERSON ASSESSMENT**

The Council must be satisfied that **both** the proposed licence holder **and** the proposed manager are fit and proper persons to hold a licence or to manage an HMO. As the applicant, it is your responsibility to ensure that the questions below are answered in respect of **all** the following persons:

- the proposed licence holder,
- any person associated with the proposed licence holder on a personal or work basis,
- the proposed manager,
- any person associated with the proposed manager on a personal or work basis,
- any other person proposed to be involved in the management of the property.

It is **essential** that you answer these questions **truthfully**.

4.1 Have any of the above persons, to your knowledge, been convicted of any of the following:

- offences involving fraud, dishonesty, violence or drugs,

Yes  No

- offences under Schedule 3 of the Sexual Offences Act 2003,

Yes  No

- unlawful discrimination in connection with any business on the grounds of sex, disability, colour, race, ethnic or national origins,

Yes  No

- offences relating to housing, public or environmental health, or landlord and tenant law.

Yes  No

(See note 4.1)

4.2 Have any of the above persons, to your knowledge, owned or managed a house or HMO which has been the subject of:

- a Control Order made under Section 379 of the Housing Act 1985 in the past 5 years,

Yes  No

- any enforcement action described in section 5(2) of the Housing Act 2004.

Yes  No

(See note 4.2)

4.3 Have any of the above persons, to your knowledge, owned or managed a house or HMO for which a licence under Parts 2 or 3 of the Housing Act 2004 has been refused or revoked?

Yes  No

(See note 4.3)



## **SECTION 6: ENCLOSURES**

You are required to enclose the following with your application:

*Tick box if enclosed*

1. Copy or copies of gas safety certificate(s) obtained in the last 12 months for the gas installation and **all** gas appliances in the property. **(See note 6.1)**
2. Copy of most recent (within the last 5 years) inspection and test certificate for the electrical system within the property. **(See note 6.2)**
3. Copy of the most recent (within the last 12 months) inspection and test certificates for the automatic fire detection (AFD) system, where provided. **(See note 6.2)**
4. Copy of the most recent (within the last 12 months) inspection and test certificate for the emergency lighting system, where provided. **(See note 6.2)**
5. Proof of most recent (within the last 12 months) servicing of fire extinguishers, where provided.
6. Sample copy of tenancy agreement issued to the tenants.
7. Scale drawing or sketch plan of the property (**not** required for renewal applications where there has been no change in the layout of the property).
8. Licence fee (*cheques must be crossed and made payable to the London Borough of Haringey*).

## **SECTION 7: EXEMPTION FROM LICENSING**

Complete this Section (a) if you consider that the property does not require licensing or (b) if you wish to apply for a Temporary Exemption Notice. **(See note 7)**

(a) Why do you consider that the property does not require licensing?

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(b) What steps do you intend to take to ensure that the house no longer requires licensing and how long do you think this will take?

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**SECTION 8: NOTIFICATIONS AND DECLARATION**

You must let certain persons know in writing that you have made this application or give them a copy of it. You can do this by completing the enclosed form S63/SN. The persons who need to know about it are:

- any mortgagee of the property,
- any owner of the property to which the application relates (if that is not you) i.e. the freeholder and any head lessees 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 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), and
- any person who has agreed that he will be bound by any condition or conditions in a licence if it is granted.

You must tell each of these persons:

- your name, address, telephone number, fax number (if any) and e-mail address,
- the name, address, telephone number and e-mail address of the proposed licence holder (if that is not you),
- that this is an application under Part 2 of the Housing Act 2004,
- the address of the property to which it relates,
- the name and address of the local housing authority to which the application will be made, and
- the date the application will be submitted.

Please complete and sign the following declaration. Where you, the applicant, are not the proposed licence holder, the latter must also sign the declaration.

- 1) **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/we are reckless as to whether it is false or misleading.**
- 2) **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 | Address | Person's interest in the property or application | Date of service |
|------|---------|--|-----------------|
|      |         |  |                 |
|      |         |  |                 |
|      |         |  |                 |
|      |         |  |                 |
|      |         |  |                 |

Signed (applicant): \_\_\_\_\_ Dated: \_\_\_\_\_

Print name: \_\_\_\_\_ For and on behalf of \_\_\_\_\_  
(where appropriate)

Signed (proposed licence holder): \_\_\_\_\_ Dated: \_\_\_\_\_

Print name: \_\_\_\_\_ For and on behalf of \_\_\_\_\_  
(where appropriate)

**N.B. Important.** It is a criminal offence to knowingly supply information which is false and/or misleading, or to fail to disclose information which is relevant to the application in order to obtain a licence. This may result in legal action being taken against you and revocation of any licence granted.

Also, a person who knowingly supplies you with false or misleading information in connection with this application may commit a criminal offence.

On completion of the form please return it, complete with enclosures, to:-

*Environmental Health and Housing (HMO Licensing)  
Strategic and Community Housing Services  
London Borough of Haringey  
639 High Road  
London  
N17 8BD*

*Tel. no. 020 8489 5230*