

Renewal Application for House in Multiple Occupation Licence

For queries on this application form, call the Barnet HMO Licensing Line on 020 8359 5355 or email us on hmos@barnet.gov.uk or write to us at London Borough of Barnet, Private Sector Housing Team, 2 Bristol Avenue, Colindale, London, NW9 4EW

For office use only

Date received

Date passed to officer

Reference

Fees Received

2021/2022

SECTION 1 – ADDRESS OF THE PROPERTY TO BE LICENSED

1.1 Please provide the address of the property for which you are seeking a licence:

Address:

Postcode:

SECTION 2 – DETAILS OF PERSON FILLING OUT THIS FORM (APPLICANT)

The applicant will normally be the proposed licence holder but may be somebody nominated by the proposed licence holder.

2.1 Please provide details of the applicant:

Title: Mr Mrs Miss Ms Other _____

First name:

Last name:

Address:

Postcode:

Date of birth:

Tel No (s):

Fax No (if any):

Email address (if any):

Interest in the property:

Where the applicant is the proposed licence holder, please state the principal UK address where documents may be served. For limited companies, this should be the company's registered office:

Property Manager: Yes No

SECTION 3 - DETAILS OF THE PERSON RECEIVING THE RENT FOR THE PROPERTY – ON OWN ACCOUNT OR AS AN AGENT OR TRUSTEE FOR ANOTHER (THIS PERSON IS THE PERSON HAVING CONTROL OF THE PROPERTY)

3.1 Does the applicant have control of the property?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.2 If no, please provide details of the person having control of the property:			
Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other _____			
First name:			
Last name:			
Address:			
Postcode:		Date of birth:	
Tel No (s):			
Fax No (if any):			
Email address (if any):			
Interest in the property:			
Where the person having control is the proposed licence holder (this will usually be the case), please state the principal UK address where documents may be served. For limited companies, this should be the company's registered office:			
Property Manager: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Owner:			
Mortgagee:			
Mortgage Roll Number:			

SECTION 5 - DETAILS OF MANAGER OR PROPOSED MANAGER OF THE PROPERTY

5.1 The manager means the person who, being the owner or lessee of the property receives the rent from the occupiers either directly or through an agent/trustee. Where the rent is received through a managing agent or trustee both persons would be considered to be a "person managing":	
Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other _____	
First name:	
Last name:	
Address:	
Postcode:	Date of birth:
Tel No (s):	
Fax No (if any):	
Email address (if any):	
24 hour contact in emergency / in case of nuisance being caused:	
Interest in the property:	
Please state the principal UK address where documents may be served. For limited companies, this should be the company's registered office:	
5.2 Is the proposed manager the agent or employee of the person with control of the property?	Yes <input type="checkbox"/> No <input type="checkbox"/>

SECTION 6 - DETAILS OF ANY PERSON (OTHER THAN THE PROPOSED LICENCE HOLDER) WHO WILL BE BOUND BY A CONDITION IN THE LICENCE

6.1 Please provide details of any person other than the proposed licence holder who has agreed to be bound conditions contained in the licence:	
Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other _____	
First name:	
Last name:	
Address:	
Postcode:	Date of birth:
Tel No (s):	
Fax No (if any):	
Email address (if any):	
Interest in the property:	
Please state the principal UK address where documents may be served. For limited companies, this should be the company's registered office:	

SECTION 7 - FIT AND PROPER PERSONS

The Authority **must** satisfy itself that the **proposed licence holder, the proposed manager and all the people proposed to be involved in the management of the property** (if they are different people) are **fit and proper persons** to hold a licence or to manage an HMO. To enable us to satisfy this legal requirement the licence applicant must answer the following questions. This question is not limited to properties within the London Borough of Barnet.

It is **not** necessary to disclose convictions which are spent under the Rehabilitation of Offenders Act 1974.

7.1	Have any of these persons been convicted of any offence involving fraud, dishonesty, violence, drugs or offences listed in schedule 3 of the Sexual Offences Act 2003 (offences attracting notification requirements)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7.2	Has any tribunal found that any of these persons have practised, unlawful discrimination on grounds of sex, colour, race, ethnic or national origins or disability in or in connection with any business?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7.3	Have any of these persons contravened any Housing, Public Health, Environmental Health or Landlord and Tenant Law, (including harassment illegal eviction) which led to any civil or criminal proceedings resulting in a judgement against them?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7.4	Has any HMO or house of which any of these persons were the owner or manager been subject to enforcement action under Section 5(2) of the Housing Act 2004 (concerning a category 1 hazard)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7.5	Has any property of which any of these persons were the owner or manager been refused a licence under Part 2 or 3 of the Housing Act 2004?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7.6	Has any property of which any of these persons were the owner or manager had a licence under Part 2 or 3 of the Housing Act 2004 revoked?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7.7	Has any property of which any of these persons were the owner or manager been the subject of an interim management order, special interim management order, or final management order under the Housing Act 2004?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7.8	Have any of these persons been found by any local authority to have contravened an Approved Code of Practice under the Housing Act 2004 Section 233?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7.9	Has the licence holder or person managing attended any accredited training schemes? The London Landlord Accreditation Scheme (LLAS) is an accredited scheme. For further details see their website at: http://www.londonlandlords.org.uk .	Yes <input type="checkbox"/> No <input type="checkbox"/>
7.10	Is the licence holder or person managing a member of any landlords' association?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7.11	To the best of your knowledge, has any person associated or formerly associated with any of these persons (whether on a personal, work or other basis) done any of the things set out in 7.1 to 7.10 (above). If yes, please give full details including how you are associated with the other person.	Yes <input type="checkbox"/> No <input type="checkbox"/>
7.12	If you have answered YES to any questions above, please give details including dates (please continue of a separate piece of paper if necessary):	

SECTION 8 - DETAILS OF THE PROPERTY

8.1 Age of building (approximate):	Please select one: Pre 1919 <input type="checkbox"/> 1919 – 44 <input type="checkbox"/> 1945 – 64 <input type="checkbox"/> 1965 – 80 <input type="checkbox"/> Post 1980 <input type="checkbox"/>
8.2 Please indicate the type of property for which you are seeking a licence? a) House in multiple occupation <input type="checkbox"/> b) Flat in multiple occupation <input type="checkbox"/> c) Building converted into and comprising of self-contained flats <input type="checkbox"/>	
8.3 If the property is not purpose built did the conversion comply with Building Regulations in force at that time?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> N/A <input type="checkbox"/>
8.4 What date was the property converted?	
8.5 Total number of storeys:	
8.6 On what levels are the storeys situated e.g. basement, ground floor, etc.?	
8.7 Number of separate letting units in the property: Of those, how many are self-contained?	
8.8 Is there a resident landlord?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8.9 Number of households occupying the property:	
8.10 Number of people occupying the property:	
8.11 Number of habitable rooms (excluding kitchens):	
8.12 Number of bathrooms and shower rooms:	
8.13 Number of toilets in the property:	
8.14 Number of washbasins:	
8.15 Number of kitchens in property:	
8.16 Number of sinks (with hot and cold water supply and a draining board) in the property:	
8.17 Does the property have a system of fire detection?	Yes <input type="checkbox"/> No <input type="checkbox"/>

<p>8.18 Please give details of the number and location of smoke alarms, heat alarms, smoke or heat detectors (these can also be shown on the plan – see overleaf):</p>	
<p>8.19 Please provide details of fire escape routes including location of fire proof doors (continue on an extra sheet if necessary) (these can also be shown on the plan – see overleaf):</p>	
<p>8.20 Please provide details of fire safety training provided to occupiers (continue on an extra sheet if necessary):</p>	
<p>8.21 Does all furniture supplied for the benefit of the occupiers meet the requirements of the Furniture and Furnishings (Fire) (Safety) Regulations Regulations 1988 (as amended in 1989, 1993 and 2010)?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>8.22 Are you aware of the requirements of the ‘Management of Houses in Multiple Occupation (England) 2006 Regulations’ and the ‘Licensing and Management of House in Multiple Occupation (Additional Provisions) England Regulation 2007’?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>8.23 Have all the AST (Assured Shorthold Tenancy) tenancies issued since April 2007 been deposited with an approved tenancy deposit scheme?</p> <p>For more information go to: http://www.direct.gov.uk/en/HomeAndCommunity/PrivateRenting/Tenancies/DG_189120</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>8.24 Have you checked that a tenant or lodger can legally rent the property?</p> <p>For further information please visit the Government’s website on: https://www.gov.uk/check-tenant-right-to-rent-documents</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

SECTION 9 – FEE TO BE ENCLOSED

The fees are intended to offset the cost to the Authority of administering the licensing scheme. They are split between costs incurred before and after licence issue. Fee 1 is paid with your licence application and fee 2 is paid at the time of inspection, once the Inspecting Officer has confirmed that a licence can be issued.

The full fee is payable if the licence has to be re-issued as a result of a change of licence holder.

	No. of lettings	Fee
9.1 Renewal fee up to 5 units of accommodation (paper application)	5	£1235.86 Divided into: Fee 1: £480.16 Fee 2: £755.70
9.2 Assisted Renewal fee up to and including 5 units of accommodation (paper application)	5	£1282.46 Divided into: Fee 1: £526.76 Fee 2: £755.70
9.3 Each extra unit of accommodation over 5 units		£26.84
Only one 10% discount per application		
9.4 10% discount for membership of a landlord accreditation scheme. Please state the name of the scheme and provide membership number:		
9.5 10% Discount for Registered Charity Please provide Charity name and registration number:		
	Total fee tendered:	

SECTION 9a – CHARGES:

9.6 Fee associated with an abortive visit (per HMO)		£78.51
9.7 Change in nominated Manager		£0.00

SECTION 9b – PAYMENT DETAILS:

For card payments please contact 020 8359 5355

Card payments should be made within 5 working days of receiving the acknowledgment letter / email from us or the application will be rejected as incomplete.

Cheques are not accepted.

PEST CONTROL

Landlords and agents with licensed houses in multiple occupation (HMOs) can apply for a 20% discount on all pest treatments from **Re** (London Borough of Barnet is working with RE (Regional Enterprise) Ltd, a new joint venture between the Council and Capita plc) or 20% off the price of an annual monitoring and treatment contract. All discounts apply for the duration of the licence period. Call 020 8359 7799 and quote your licence number to secure your discount. Pest treatments include rats, mice, bedbugs, cockroaches, fleas, wasps, moths and ants.

SECTION 10 – 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 reckless as to whether it is false or misleading.

**Signed:
(all applicants)**

Date:

**Signed:
The licence holder(s)
(if different to the
applicant(s))**

Date:

SECTION 11 - AUTHORISATIONS

Section 247 of the Housing Act 2004, enables the transmission of documents and Licenses in electronic form, for example by email, relevant to Parts 1 to 4 of the Act. The term 'document' includes anything in writing and the term 'relevant document' means anything in writing that the Local Authority have a duty to serve on any person. It is a pre-requisite of sending documents in electronic form that the Local Authority receives confirmation from the recipient(s) that they are willing to receive licenses and relevant documents in this manner. Therefore, should you wish to receive information in this manner, please complete the authorisation below.

At any time should you wish to cancel or modify this agreement, you may do so either by writing in or emailing hmos@barnet.gov.uk stating your name, address and contact telephone number.

I/we declare that I/we have read the statement above and are willing to receive licenses and any other relevant documents in electronic form.

Signed _____ Date _____

Signed _____ Date _____

Signed _____ Date _____

Signed _____ Date _____

SECTION 12 – DOCUMENTS/FEE TO BE SENT IN:

1.	A simple floor plan showing the use of each room e.g. bedroom, kitchen, bathroom and the floor area for bedrooms and kitchens	<input type="checkbox"/>
2.	Copy of the most recent Landlord's Gas Safety Record	<input type="checkbox"/>
3.	Copy of the current Electrical Installation and Condition Report	<input type="checkbox"/>
4.	Copy of the Portable Appliance Test (PAT) certificate	<input type="checkbox"/>
5.	Copy of a current Fire Detection and Alarm System Inspection and Servicing Report	<input type="checkbox"/>
6.	Copy of Emergency Lighting Periodic Inspection and Testing Certificate (where applicable)	<input type="checkbox"/>
7.	A copy of the Energy Performance Certificate (EPC) (where applicable)	<input type="checkbox"/>
8.	Copies of tenancy agreements	<input type="checkbox"/>

SECTION 13 - NOTIFICATION REQUIREMENTS

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 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 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)
- Whether this is an application for an HMO licence under Part 2 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

A form is attached which you may use this for this purpose. If you need more than one form, you can photocopy this one or download another from our website.

SECTION 14 - PRIVACY STATEMENT

Barnet Council has a duty to protect the public funds it administers and may use the information you have provided for the prevention and detection of crime. We may also share information with other council departments or external organisations in order to undertake our functions as a local authority. We will always comply with the requirements of the Data Protection Act 1998 and never give information about you to anyone else, or use information for another purpose unless the law allows us. If you want to know more about how your information is used visit www.barnet.gov.uk/privacy

SECTION 15 – STATUTORY NOTIFICATIONS

I/we declare that I/we have served a notice of this application (a copy is attached at the back of this form) 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:

Signed: (all applicants)	
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Date:	
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Signed: The licence holder(s) (if different to the applicant(s))	
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Date:	
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Name	Address	Description of the person's interest in the property or the application	Date of service

NOTIFICATION OF INTENTION TO APPLY FOR AN HMO LICENCE

Name and Address of person you must notify:

1.	This document is to inform you that I (your full names)	
2.	Of (your address)	
3.	My telephone number is	
4.	My email address or fax number is	
5.	Intend on (intended date of Application) to apply under Part 2 of the Housing Act 2004 to the London Borough of Barnet	
6.	for an HMO licence in respect of (Address of HMO to be licensed)	
7.	The licence holder will be (if not you)	
8.	Of (licence holder's address)	
9.	The licence holder's telephone number is	
10.	The licence holder's email address or fax number is	

Signed Licence Applicant(s):

Date:

PREMISES PLAN

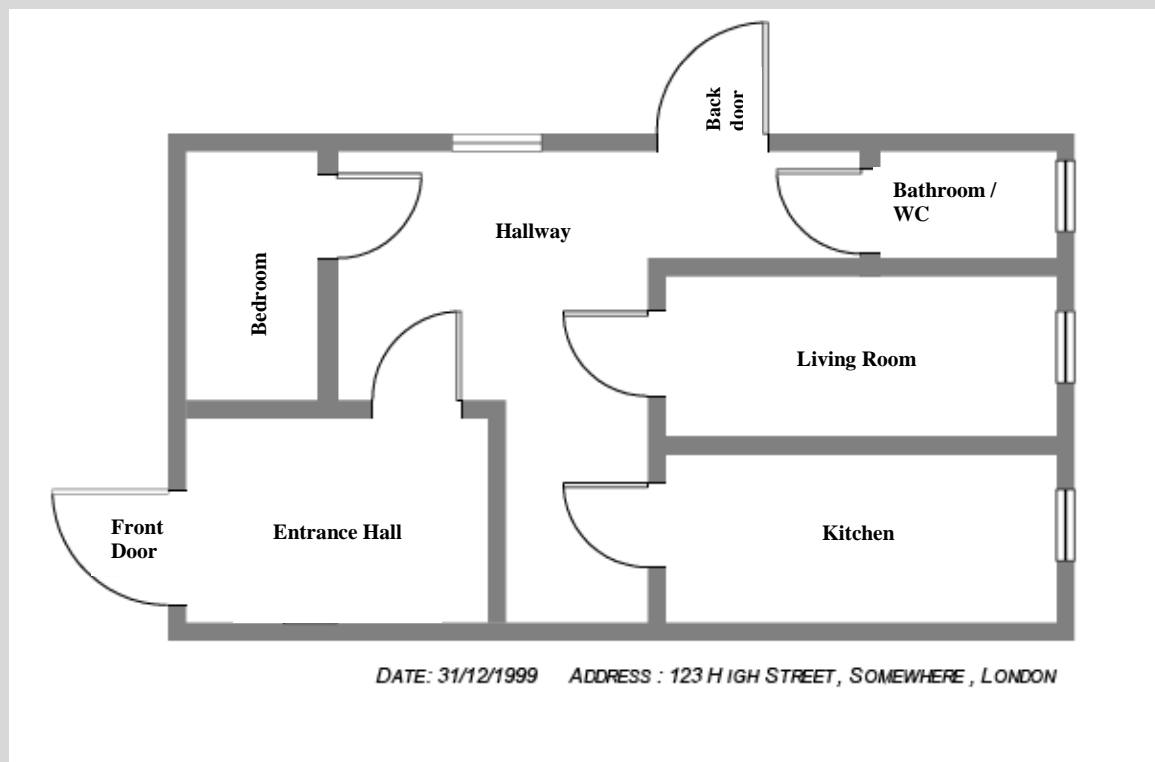
To help the Fire Authority and the Environmental Health Department assess the application, please draw a simple floor plan of the entire premises (all levels) overleaf. Plan to include dimensions of all rooms and any en-suite toilet or shower facilities.

Please also include:

- Doorways and openings;
- Entrance and exits;
- All stairways;
- External and separating walls;
- Internal walls and columns;
- Description of rooms e.g. kitchens, bathrooms
- Show facilities e.g. toilets, baths, showers

If you are struggling with your plans please apply for an assisted application as poor or inaccurate plans could lead to your licence application being rejected.

EXAMPLE



PREMISES PLAN

