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**Housing Act 2004  
Part 2**



## Application to Licence a House in Multiple Occupation (HMO) (version 2)

Please read the Guidance Notes before completing this form. Incomplete or late submissions may result in the term of your licence being reduced.

If you have more than one HMO you will need to complete a separate application form for each property.

Please fill in the form using Block Capitals and black ink. If you require more space to answer any question please use additional sheets, ensuring that you specify which question your answer relates to, and attach the sheets to the application form.

**It is an offence to provide information that is false or misleading. This can result in a fine of up to level 5 on the standard scale (currently £5,000).**

**Completed forms must be returned to:**  
***Wrexham County Borough Council,***  
***Housing Standards and Strategy,***  
***Strategic Housing Services,***  
***Ruthin Road,***  
***Wrexham,***  
***LL13 7TU***

For help contact [hmo@wrexham.gov.uk](mailto:hmo@wrexham.gov.uk) or call 01978 315579

[www.wrexham.gov.uk/hmo](http://www.wrexham.gov.uk/hmo)

Where a question on the application form has tick-boxes (  ), you must tick the appropriate box (or all boxes that apply if more than one answer is applicable), e.g.

e.g. FOR A <b>SINGLE</b> ANSWER:	Type of application <input checked="" type="checkbox"/> <b>New</b>  <input type="checkbox"/> Renewal  <input type="checkbox"/> Variation	e.g. FOR <b>MULTIPLE</b> ANSWERS:	What type of heating does the property have? <input type="checkbox"/> Gas central heating <input checked="" type="checkbox"/> <b>Electrical central heating / night storage heaters</b> <input checked="" type="checkbox"/> <b>Fixed gas heaters/fires</b> <input type="checkbox"/> Fixed electrical heaters/fires <input type="checkbox"/> Solid fuel fires <input checked="" type="checkbox"/> <b>Other</b>
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Section 1 of 19		
<b>APPLICANT (1) DETAILS – Where a joint application is made please provide details for all applicant(s).</b>		
1.1	First name(s)	
1.2	Family name	
1.3	Former name(s)	If currently or previously known by any other name(s), you must record them here.
1.4	Address and postcode	
1.5	Email address	
1.6	Main telephone number	
1.7	Date of birth	
1.8	Place of birth	

Section 1a of 19		
<b>APPLICANT (2) DETAILS</b>		
1.1	First name(s)	
1.2	Family name	
1.3	Former name(s)	If currently or previously known by any other name(s), you must record them here.
1.4	Address and postcode	
1.5	Email address	
1.6	Main telephone number	
1.7	Date of birth	
1.8	Place of birth	

Section 2 of 19			
<b>APPLICATION DETAILS</b>			
2.1	Type of licence	<input type="checkbox"/> Mandatory HMO (3 or more storeys & 5 or more occupants)	<input type="checkbox"/> Additional HMO (All other HMOs)
2.2	Type of application	<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Variation	<b>If new go to 2.6.</b>
2.3	Existing licence number		
2.4	Expiry date		

	<b>Section 2 of 19</b>	
<b>APPLICATION DETAILS</b>		
2.5	Outline the variation requested and justification for the request	
<b>HMO To Be Licensed</b>		
2.6	Property number or name	
2.7	Address and postcode	

**Section 3 of 19****PROPOSED LICENCE HOLDER**

The licence holder will be legally responsible for the operation of the HMO to be licensed and must have the power to:

- a) Let to and evict tenants
- b) Access all parts of the premises to the same extent as the owner
- c) Authorise any expenditure necessary to ensure the health and safety of the tenants and others

The proposed licence holder should normally be the “**person having control**” of the property (the person legally entitled to receive the rental income from the property), usually the owner of the property. However, there may be a good reason why this should not be the case (e.g. if the owner is ill or lives abroad). The “person having control” may be the leaseholder rather than freeholder.

Where two or more individuals are the joint landlords of a property all of those persons should be granted a joint licence.

Where the landlord is a company, a limited liability partnership, or a board of trustees, the licence should be granted to it. In the case of an unincorporated business it will be the individual owners of the business who should jointly hold the licence.

**The local authority has a duty to award the licence to the most appropriate person.**

3.1	Are you applying on behalf of a Company, Partnership, Charity or Trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If <u>yes</u> go to section 4</b>
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3.2	Are you the proposed licence holder?	Yes / No	
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*Provide the following additional details about yourself – note that the address given here will appear on the public register*

3.3	Your interest in the property (e.g. owner (freeholder), agent)	
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**Note 1** - Provide the following details about the proposed licence holder(s). Where two or more individuals are the joint landlords of a property provide details for each. If there are additional names please include full details on a separate sheet and attach to this application

**Name of Proposed Licence Holder (If same as applicant(s) in Section 1 tick here  and go to section 4)**

3.4	First name(s)	
3.5	Family name	
3.6	Former name(s)	If currently or previously known by any other name(s), you must record them here.
3.7	Address and postcode	

**Contact details (The information below does not form part of the Public Register)**

3.8	Email address	
3.9	Main telephone number	
3.10	Date of birth	
3.11	Place of birth	

Section 4 of 19	
PROPOSED LICENCE HOLDER – BUSINESSES AND ORGANISATIONS	
4.1	<p>Legal status of the proposed licence holder:</p> <p><input type="checkbox"/> Individual or sole trader</p> <p><input type="checkbox"/> Company</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Charity or trust</p> <p><input type="checkbox"/> Other</p>
<p><b>If <u>individual</u> go to Section 5</b> If company, partnership, charity or trust go to 4.3</p> <p>If other go to 4.2</p>	
4.2	Provide details
<b>Company, Partnership, Charity or Trust</b>	
4.3	<p>Business/organisation name</p> <p><b><i>If registered, use the registered name</i></b></p>
4.4	<p>Registration number</p> <p>If applicable</p>
<b>Business or Organisation Address</b>	
4.5	<p>Address and postcode</p> <p><b><i>Provide the registered office address or other official address</i></b></p>
4.6	Email address
4.7	Main telephone number
<p><b>Note 2 - Provide details about <u>all</u> COMPANY DIRECTORS and the SECRETARY (if the proposed licence holder is a company), all PARTNERS (if it is a partnership), and all TRUSTEES (if it is a charity or trust). If there are additional names please include full details on a separate sheet and attach to this application. Provide the following details about each person acting in any of the above positions.</b></p>	
4.7a	How many persons are involved?
4.8	<p>Position</p> <p>e.g. director, partner, trustee</p>
4.9	First name(s)
4.10	Family name
4.11	<p>Former name(s)</p> <p>If currently or previously known by any other name(s), you must record them here.</p>
4.12	Address and postcode
4.13	Email address
4.14	Main telephone number
4.16	Date of birth
4.17	Place of birth

<b>Section 5 of 19</b>			
<b>OWNERSHIP AND CONTROL OF THE HMO TO BE LICENSED</b>			
5.1	Is the proposed licence holder(s) the owner of the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, go to 5.5</b> <b>If no, go to 5.2</b>
5.2	Does the proposed licence holder have control of the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	i.e. is legally entitled to receive the rental income from the property
5.3	Does the proposed licence holder have the powers necessary to manage the property? Including: - Let to and evict tenants - Access all parts of the premises - Authorise any necessary expenditure	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5.4	Explain why you think the proposed licence holder should be the licence holder (e.g. the owner is ill or living abroad, or the proposed licence holder has a long lease on the property), including evidence that they have the necessary powers		
5.5	Does anybody else have a legal interest in the property (e.g. as freeholder, leaseholder, mortgage provider)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If no to both 5.5 and 5.6, go to 6.1</b>
5.6	Has anybody else agreed to be bound by the conditions of the licence, if it is granted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details of the manager are requested in Section 6 <b>If no to both 5.5 and 5.6, go to 6.1</b>
<b>Note 3</b> - Provide details about the owner(s) of the property, anybody else who has a legal interest in the property and/or anybody who has agreed to be bound by the conditions of the licence (if it is granted) If there are additional names please include full details on a separate sheet and attach to this application.			
<b>Provide the following full details about each one</b>			
5.7	First name(s)		
5.8	Family name		
5.9	Organisation (if applicable)		
5.10	Interest in the property		e.g. owner (freeholder), leaseholder, mortgage provider
5.11	Address and postcode If an organisation, give the registered office or other official address		
5.12	Email address		
5.13	Main telephone number		
5.15	Date of birth		Not required for organisations
5.16	Place of birth		Not required for organisations

<b>Section 6 of 19</b>			
<b>PROPOSED MANAGER OF THE PROPERTY (HMO)</b>			
6.1	Will the proposed licence holder(s) be the manager of the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, go to 7.1</b>
<b>Provide full details about the manager</b>			
6.2	First name(s)		
6.3	Family name		
6.4	Organisation (if applicable)		
6.5	Address and postcode		
6.6	Email address		
6.7	Main telephone number		
6.8	Date of birth		
6.9	Place of birth		
<b>Note 4 - If there are additional names please include full details on a separate sheet and attach to this application</b>			

Section 7 of 19			
DETAILS OF THE HMO TO BE LICENSED			
7.1	Type of property (HMO) <input type="checkbox"/> Shared House HMO (all tenants on joint tenancy) <input type="checkbox"/> Bedsit type HMO (all tenants on individual tenancies) <input type="checkbox"/> Bedsits (tenants with cooking facility in rooms but share bathroom) <input type="checkbox"/> House converted into and comprising only self contained flats <input type="checkbox"/> Flat in multiple occupation <input type="checkbox"/> A purpose built block of flats <input type="checkbox"/> Other		<b>If other, go to 7.2</b>
7.2	Provide details		
7.3	How many storeys does the HMO have?		Include the ground floor, basements, attics and mezzanines
7.4	How many storeys does the whole building have?		Including ground floor, below ground and above ground
7.5	What type of building is it? <input type="checkbox"/> Detached house <input type="checkbox"/> Semi-detached house <input type="checkbox"/> Terraced house <input type="checkbox"/> End-terrace house <input type="checkbox"/> Back-to-back house <input type="checkbox"/> Residential block <input type="checkbox"/> Mixed use block <input type="checkbox"/> Grouped structure <input type="checkbox"/> Other		Mixed use block - e.g. a flat above commercial premises  Grouped - e.g. a dwelling which shares a party wall in a cluster or around a courtyard  <b>If other, go to 7.7</b>
7.7	Provide details		
7.8	Are any parts of the building used for non-residential purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If no, go to 7.10</b>
7.9	Describe which part(s) and how they are used e.g. ground floor used for storage, shop, restaurant, office		

Section 7 of 19		
DETAILS OF THE HMO TO BE LICENSED		
7.10	When was the building originally built? <input type="checkbox"/> Before 1919 <input type="checkbox"/> 1919 - 1945 <input type="checkbox"/> 1946 - 1964 <input type="checkbox"/> 1965 - 1980 <input type="checkbox"/> After 1980	
7.11	Was the HMO: <input type="checkbox"/> Purpose built with its present design <input type="checkbox"/> Converted from a previous residential dwelling <input type="checkbox"/> Converted from a non-residential structure	<b>If purpose built, go to 8.1</b>
7.12	Approx date of conversion	
7.13	Do you have documents which give evidence of planning permission and/or building regulation approval of the conversion?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
<b>Note 5 - If <u>yes</u> to 7.13, please provide copies of these documents with your application.</b>		

Section 8 of 19			
OCCUPATION OF THE HMO TO BE LICENSED			
	Give the number of households and persons in the property	At the time of application	Proposed maximum
8.1	<b>Number of households</b> <i>A household consists of family members or a cohabiting couple. A group of 3 friends counts as 3 separate households</i>		
8.2	<b>Number of persons/occupants</b> <i>Include any children, and the landlord and family, if applicable</i>		
<b>Resident landlord</b>			
8.5	Is there a resident landlord?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If no, go to 8.8</b>
8.6	Number of persons in landlord's household?		
8.7	Which parts of the property does the landlord's household occupy?		
<b>Catering arrangements</b>			
8.8	Catering arrangements for occupants of the property e.g. B&B, full board, self-catering		

Section 9 of 19					
ACCOMMODATION DETAILS					
<b>Note 6:</b> Minimum standards are described in the WCBC Prescribed Standards for Licensed HMOs					
9.1	Insert the number of separate letting units in the property <i>e.g. Bedrooms / bedsits or flats let on separate tenancy contracts or to separate households</i>				
<b>Of these, insert the number which are:</b>					
9.2	Self contained letting units (e.g. flats)				Occupants have exclusive use of kitchen, bath/shower and toilet facilities
9.3	Non-self-contained letting units (e.g. bedsits or bedrooms in shared house)				Occupants share use of kitchen, bath/shower and/or toilet facilities
<b>Number of rooms and facilities in the property</b>		<b>Total in property</b>	<b>Used exclusive by one letting unit</b>	<b>Use shared between letting units</b>	
9.4	Bedrooms				Exclude bedsits
9.5	Bedsits				e.g. combined bedroom/kitchen
9.6	Living/dining rooms				
9.7	Kitchens				
9.8	Sinks (within kitchens)				
9.9	Shower/bathrooms				
9.10	Toilets located within shower/bathrooms				
9.11	Separate toilets with wash hand basins				Exclude external toilets
9.12	Separate toilets without wash hand basins				Exclude external toilets
9.13	Wash hand basins				Include all wash hand basins
9.14	Do all baths, showers, sinks and wash hand basins supply cold and constant hot water?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
9.15	Are all the kitchens equipped with the following: - a sink with draining board - a means of cooking food - electrical sockets - worktops for food preparation - storage cupboards - refrigerator and freezer (or freezer compartment) - refuse storage facilities			<input type="checkbox"/> Yes <input type="checkbox"/> No	

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HEATING AND ENERGY EFFICIENCY			
10.1	What type of heating does the property have? <b>(Tick all that apply)</b> <input type="checkbox"/> Gas central heating <input type="checkbox"/> Electrical central heating / night storage heaters <input type="checkbox"/> Fixed gas heaters/fires <input type="checkbox"/> Fixed electrical heaters/fires <input type="checkbox"/> Solid fuel fires <input type="checkbox"/> Other	<b>If "other" provide details in 10.2</b>	
10.2	Provide details		
10.3	Do all the rooms in the property have a source of heating (e.g. radiator or fire)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, provide details in 10.4
10.4	Provide details		
10.5	Do all bathrooms and kitchens have a means of natural or mechanical ventilation	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, provide details in 10.6
10.6	Provide details		
Energy efficiency			
10.7	Are windows double glazed?	<input type="checkbox"/> All <input type="checkbox"/> Some <input type="checkbox"/> None	
10.8	Is the roof space insulated?	<input type="checkbox"/> All <input type="checkbox"/> Some <input type="checkbox"/> None <input type="checkbox"/> n/a	If all or some, provide details in 10.9
10.9	Provide details	Including the thickness of insulation in <b>mm</b>	
10.10	Are cavity walls insulated?	<input type="checkbox"/> All <input type="checkbox"/> Some <input type="checkbox"/> None <input type="checkbox"/> n/a	
10.11	Are hot water tanks lagged?	<input type="checkbox"/> All <input type="checkbox"/> Some <input type="checkbox"/> None <input type="checkbox"/> n/a	
10.12	Is there an Energy Performance Certificate for the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Note 7 - You are required to submit an Energy Performance Certificate (EPC) with this application.</b>			

<b>Section 11 of 20</b>			
<b>GAS AND ELECTRICITY</b>			
<b>Gas installation and appliances</b>			
11.1	Does the property have a gas supply?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p><b>Note 8</b> - If <u>yes</u>, you must submit a current and valid Gas Safe Certificate with this application  The inspection must have been completed within the last 12 months by a Gas Safe Registered Engineer.</p>			
<b>Electrical installation and fixed appliances</b>			
11.2	Have the electrical installation and fixed electrical appliances been tested by a competent electrician within the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p><b>Note 9</b> - You must submit a current and valid Periodic Inspection Report with this application.  The inspection must have been completed by an electrician registered under one of the Government's Competent Person Schemes.</p>			
<b>Portable electrical appliances</b>			
11.3	Are any portable electrical appliances provided for use by the occupants (e.g. kettle, refrigerator, vacuum cleaner)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If no, go to section 12</b>
11.4	Are any of these appliances more than 12 months old?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p><b>Note 10</b> - If <u>yes</u>, a detailed inventory of all portable electrical appliances provided by you for the occupants must be kept. This inventory must also contain evidence of any checks that you carry out to ensure the safety of this equipment (e.g. Portable Appliance Test (PAT) Certificates).</p>			

Section 12 of 19			
<b>FIRE PRECAUTIONS</b>			
<i>Note 11 - Minimum standards are summarised in the WCBC Prescribed Standards for Licensed HMOs</i>			
<b>Fire risk assessment</b>			
12.1	Has a fire safety risk assessment been undertaken?	Yes / No	
<b>Smoke and heat alarms</b>			
12.2	Are smoke and/or heat alarms (or detectors) provided in the property?	Yes / No	If no, go to 12.6
12.3	Type of alarms or detectors <input type="checkbox"/> Battery operated <input type="checkbox"/> Mains electricity – standalone <input type="checkbox"/> Mains electricity – interlinked <input type="checkbox"/> Mains electricity – panel controlled		
12.4	How many?		
12.5	Give the location of each smoke alarm e.g. ground floor hall, first floor kitchen		<b>Alternatively, you may indicate on the floor plans the location of each smoke/heat alarm/detector</b>
<b>Other fire equipment and precautions</b>			
12.6	Is the following equipment provided in the property? <input type="checkbox"/> Fire extinguishers <input type="checkbox"/> Fire blankets in each kitchen <input type="checkbox"/> Emergency lighting in common areas <input type="checkbox"/> Fire doors <input type="checkbox"/> None of the above		
12.7	Do all the fire doors have the following? <input type="checkbox"/> Self closing devices <input type="checkbox"/> Intumescent strips <input type="checkbox"/> Cold smoke seals <input type="checkbox"/> None of the above		
12.8	Provide details of the fire escape routes from the property and how you ensure they are kept clear		
12.9	Provide details of any fire safety information or training provided to the occupiers of the property		

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**FIRE PRECAUTIONS**

12.10	Do all furniture and soft furnishings provided at the property comply with The Furniture and Furnishings (Fire) (Safety) Regulations 1988 (as amended)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> None provided
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**Maintenance and inspections**

12.11	Is the fire precautions equipment serviced and inspected by a competent person at regular intervals?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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**Note 12** - If yes, please provide inspection certificates with this application (e.g. emergency lighting, fire alarm system etc)

**LAYOUT PLANS**

Layout plans for each storey of the building, showing the location and dimensions of all rooms within the property, are required with your application.

The following symbols should be used on your plans:

<b>B</b>	Bath
<b>C</b>	Cooker
<b>F</b>	Fridge
<b>S</b>	Sink
<b>SH</b>	Shower
<b>WC</b>	Water closet
<b>WHB</b>	Wash hand basin
<b>D</b>	Double electrical socket
<b>SE</b>	Single electrical socket

Layout plans should also show the location of all fire precaution equipment using the following symbols:

<b>AS</b>	Alarm sounder
<b>CP</b>	Call point
<b>DP</b>	Dry powder extinguisher
<b>EL</b>	Emergency lighting
<b>EW</b>	Escape window
<b>FAP</b>	Fire alarm control panel
<b>FB</b>	Fire blanket
<b>FD</b>	Fire door
<b>FE</b>	Foam extinguisher
<b>WE</b>	Water extinguisher
<b>SD</b>	Smoke detector / alarm
<b>HD</b>	Heat detector / alarm

**Section 14 of 19**

**MANAGEMENT OF THE PROPERTY (HMO) TO BE LICENSED**

**Written statement of terms of occupancy (tenancy agreement)**

14.1	Are occupants given a tenancy agreement (or other written statement of terms of occupancy)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If no, go to 14.4</b>
14.2	Does the tenancy agreement include any clauses relating to antisocial behaviour?	<input type="checkbox"/> Yes <input type="checkbox"/> / No	
14.3	Does the tenancy agreement include guidelines on procedures for tenants to report necessary repairs and make complaints about the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Deposit**

14.4	Is a deposit required at the start of a new tenancy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If no, go to 14.8</b>
14.5	Are the terms of the tenancy deposit clearly set out in writing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14.6	Is the proposed licence holder or manager a member of any government authorised scheme that protects tenants' deposits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14.7	Scheme provider and landlord reference number		

**Rent and receipts**

14.8	Are tenants given a rent book?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14.9	Are tenants given receipts for rent payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Detail the procedures/arrangements you have to:**

14.10	Vet prospective tenants (e.g. use of a vetting service or accreditation scheme, take up references, etc)
14.11	Ensure the property is clean, safe and fit to live in, before each new tenancy
14.12	Agree an inventory with each tenant, detailing the furniture and appliances supplied, including the condition of individual items
14.13	Review the general condition of the property (internal, external, garden etc) sufficiently regularly to ensure it is maintained in good and safe repair
14.14	Deal with repairs and complaints which have been reported within a reasonable time period

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<b>MANAGEMENT OF THE PROPERTY (HMO) TO BE LICENSED</b>	
14.15	Cover the cost of major emergency repair work or improvements to the property
14.16	Receive and respond to complaints of antisocial behaviour involving or affecting the tenants and/or their children or visitors.

Section 15 of 20		
<b>FIT AND PROPER PERSON TEST</b>		
Has the <u>proposed licence holder</u> , the <u>manager</u> and/or <u>any person associated with either of them</u> : <b>The Applicant(s) must take all reasonable steps to ascertain the information below. Provision of false or misleading information is a criminal offence.</b>		
15.1	Committed any offence involving fraud or other dishonesty (including benefit fraud), violence, drugs, or any offence listed in Schedule 3 to the Sexual Offences Act 2003 (subject to the Rehabilitation of Offenders Act 1974)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.2	Practised unlawful discrimination on grounds of sex, colour, race, ethnic or national origins or disability in, or in connection with, any business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.3	Contravened any legislation relating to housing, public health, environmental health or landlord and tenant law?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.4	Been refused a licence under Part 2 or 3 of the Housing Act 2004?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.5	Had a licence revoked for breach of any conditions under Parts 2 or 3 of the Housing Act 2004?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.6	Contravened any Code of Practice relating to the management of HMOs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.7	Been subject to a Control Order under the Housing Act 1985 (in the past 5 years)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.8	Been subject to a Management Order under the Housing Act 2004?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.9	Failed to comply with a Housing Notice (requiring works etc.) served by a local authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.10	Been subject to complaints from tenants or other sources, regarding serious or repeated breaches of the conditions of a licence under the Housing Act 2004?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Section 15 of 20</b>	
<b>FIT AND PROPER PERSON TEST</b>	
15.11	Been declared bankrupt? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b><i>If Yes to any of the above, provide Full Details below</i></b>	
15.12	Name of person
15.13	Role or association e.g. licence holder, manager, owner, partner
15.14	Date of event
15.15	Type of event e.g. type of offence, type of discrimination
15.16	Court (if applicable)
15.17	Local authority area
15.18	Provide full details (including the address of the property concerned, if applicable)
<b>Note 13</b> - <i>If there are additional events to be included please provide full details (15.12 to 15.17) on a separate sheet and attach to this application</i>	

<b>Section 16 of 19</b>			
<b>ACCREDITATION AND QUALIFICATIONS</b>			
16.1	Is the proposed licence holder a member of the <b>Landlord Accreditation Wales</b> scheme?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If no to both 16.1 and 16.2, go to 16.5</b>
16.2	Is the proposed manager a member of the Landlord Accreditation Wales scheme?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
16.3	Name of person(s) accredited		
16.4	Membership number(s)		
<b>Membership of Landlord Association</b>			
16.5	Is the proposed licence holder and/or the manager a member of a landlords' association?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If no, go to 16.9</b>
16.6	Name of person involved		
16.7	Organisation/scheme		
16.8	Membership number		
16.9	Is the proposed licence holder and/or the manager a member of a relevant professional body?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If no, go to 16.13</b>
<b>Provide the following details</b>			
16.10	Name of person involved		
16.11	Organisation/scheme		
16.12	Membership number		
16.13	Have the proposed licence holder and/or the manager any relevant qualifications or undertaken any training courses relevant to the ownership and management of residential property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If no, go to 17.1</b>
<b>Provide the following details</b>			
16.14	Name of person involved		
16.15	Provider/awarding body		
16.16	Course/qualification		
16.17	Date of course/awarded		

Section 17 of 19			
OTHER PROPERTIES LICENSABLE UNDER THE HOUSING ACT 2004			
17.1	Does the proposed licence holder own other properties which require a licence under the Housing Act 2004? <i>(Please circle appropriate answer)</i>	<input type="checkbox"/> Yes	Insert total number of licensable properties in Wrexham County Borough area
		<input type="checkbox"/> No	Insert total number in other local authority areas
17.2	Does the proposed manager own or manage other properties which require a licence under the Housing Act 2004? <i>(Please circle appropriate answer)</i>	<input type="checkbox"/> Yes	Insert total number of licensable properties in Wrexham County Borough area
		<input type="checkbox"/> No	Insert total number in other local authority areas
17.3	Have details about these properties been provided in previous or separate applications?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, go to 18.1</b> <b>If no, go to 17.4</b>
<b>Provide details about each property</b>			
17.4	Address		
<b>Licence details</b>			
17.5	Local authority area		
17.6	Reference number(s)	e.g. licence holder reference number(s)	
17.7	Type of licence	Mandatory HMO, Additional HMO or Selective Licence	
17.8	Date granted		

**Section 18 of 19**

**NOTIFYING PEOPLE ABOUT THE LICENCE APPLICATION**

You must let certain people know in writing that you have made this application or give them a copy of it.

The people 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 people (or organisations):

- 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 or for a house licence under Part 3 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

18.1	Does anybody (other than you) own the property (e.g. as freeholder, head lessor, joint owner)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18.2	Is there a mortgage on the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18.3	Does the property have any tenant or leaseholder with more than three years remaining on the tenancy or lease?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18.4	Is the proposed licence holder somebody other than you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18.5	Is the proposed manager somebody other than you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18.6	Has anybody else agreed to be bound by the conditions of the licence, if it is granted?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Provide details of notifying these people about the licence application**

18.7	Name of person notified	
18.8	Address and postcode	
18.9	Interest in the property or application	e.g. freeholder, leaseholder, mortgage provider, tenant, proposed licence holder or manager
18.10	Date notified	

**Note 14** - If there are additional names please include full details on a separate sheet and attach to this application

**Section 19 of 19****DECLARATION FOR APPLICANT(S)**

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.

I/We declare that I/We have served a notice of the application on the people listed in Section 18 above and that these are the only people known to me/us that are required to be informed that I/We have made this application.

I/We declare that any gas appliances, electrical appliances and furniture provided for the use of tenants in the property are in good safe working order and comply with all relevant safety legislation.

I/We declare that the smoke and heat detectors/alarms installed in the house as described in this form, are in good safe working order and comply with all the relevant safety information

I/We declare that adequate financial resources are available to maintain the property ensuring the health and safety of the tenants and fulfil all other statutory obligations

I/We understand that the Council may need to carry out investigations to assess whether I/We am/are a "fit and proper" person for the purposes of Part 2 of the Housing Act 2004.

I/We hereby authorise the Council to make such enquiries and share information as it sees fit. Such enquiries may include Criminal Records Bureau checks, liaison with the Police, Fire Service and other Local Authorities.

**Applicant 1**

19.1	Full name	
	Signature	
	Capacity	
	Date	

**Applicant 2**

19.2	Full name	
	Signature	
	Capacity	
	Date	

**Note 15** – All applicants must sign this application. Where the applicant proposes another person should be the licence holder they must also complete and sign the following section

**Section 19 of 19****DECLARATION FOR PROPOSED LICENCE HOLDER(S)**

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.

I/We declare that I/We have served a notice of the application on the people listed in Section 18 above and that these are the only people known to me/us that are required to be informed that I/We have made this application.

I/We declare that any gas appliances, electrical appliances and furniture provided for the use of tenants in the property are in good safe working order and comply with all relevant safety legislation.

I/We declare that the smoke and heat detectors/alarms installed in the house as described in this form, are in good safe working order and comply with all the relevant safety information

I/We declare that adequate financial resources are available to maintain the property ensuring the health and safety of the tenants and fulfil all other statutory obligations

I/We understand that the Council may need to carry out investigations to assess whether I/We am/are a "fit and proper" person for the purposes of Part 2 of the Housing Act 2004.

I/We hereby authorise the Council to make such enquiries and share information as it sees fit. Such enquiries may include Criminal Records Bureau checks, liaison with the Police, Fire Service and other Local Authorities.

**Proposed Licence Holder(s)**

**Note 16** – Only complete if different to applicant. All Proposed Licence Holders must sign this application.

**Licence Holder 1**

19.3	Full name	
	Signature	
	Capacity	
	Date	

**Licence Holder 2**

19.4	Full name	
	Signature	
	Capacity	
	Date	

## CHECKLIST - DOCUMENTS REQUIRED

**PLEASE NOTE – WE CANNOT ACCEPT ORIGINAL DOCUMENTS AS WE ARE UNABLE TO RETURN THEM. PHOTOCOPY ALL DOCUMENTS SUBMITTED.**

### **PAYMENT DETAILS**

The licence fee is **£700 per licence**. A discount of 50 per cent of this fee is provided where the Proposed Licence Holder is Accredited through the Landlord Accreditation Wales scheme. The above fee is for a 5 year licence. (An Accredited Landlord will pay £350 for a five year licence). (Prices valid to 31 March 2012)  
Cheques must be made payable to '**Wrexham County Borough Council**'.  
Payment can also be made by telephone using credit or debit card.

*All of the documents below must be provided*

**Tick  
or n/a**

**Energy Performance Certificate (Mandatory)**

**Current Gas Safety Certificate (Mandatory – if gas at property)**

**Periodic Inspection Report (PIR) for the Electrical Installation (Mandatory)**

**Layout plans for each storey showing location and dimensions of all rooms within the property (Mandatory)**

**Fire alarm installation, inspection and servicing certificate/report (Optional)**

**Any planning permission or building regulation approval for conversion (Optional)**