

**Housing Act 2004
Part 2
Application to Licence a
House in Multiple Occupation (HMO)**



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 unlimited, previously £5000).

Completed forms must be returned to:

*Iechyd Amgylchedd a Safonau Tai/ Environmental Health and Housing Standards,
Cyngor Bwrdeistref Sirol Wreccsam/ Wrexham County Borough Council
Neuadd y Dref, Wreccsam. LL11 1AY
Guildhall, Wrexham. LL11 1AY
www.wreccsam.gov.uk www.wrexham.gov.uk*

For help contact healthandhousing@wrexham.gov.uk or call 01978 292040.

Further information: www.wrexham.gov.uk/hmo

For information as to how Wrexham County Borough Council handles personal data, please see our Privacy Notices on our website: www.wrexham.gov.uk

Section 1 of 19			
APPLICATION DETAILS			
HMO To Be Licensed			
1.1	Address and postcode		
1.2	Type of licence	<input type="checkbox"/> Mandatory HMO (3 or more storeys and 5 or more occupants)	<input type="checkbox"/> Additional HMO (All other HMOs)
1.3	Type of application	<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Variation	
1.4	Existing licence number	1.5	Expiry date
1.6	Outline the variation requested and justification for the request		

Section 2 of 19				
APPLICANT (1) DETAILS – Where a joint application is made please provide details for all applicant(s).				
2.1	First name(s)			
2.2	Family name			
2.3	Former name(s)			
2.4	Address and postcode			
2.5	Email address			
2.6	Main telephone number			
2.7	Date of birth		2.8	Place of birth

Section 2a of 19				
APPLICANT (1) DETAILS – Where a joint application is made please provide details for all applicant(s).				
2.1	First name(s)			
2.2	Family name			
2.3	Former name(s)			
2.4	Address and postcode			
2.5	Email address			
2.6	Main telephone number			
2.7	Date of birth		2.8	Place of birth

Section 3 of 19				
PROPOSED LICENCE HOLDER				
3.1	Are you applying on behalf of a Company, Partnership, Charity or Trust? If <u>yes</u> go to section 4	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3.2	Are you the proposed licence holder?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3.3	Your interest in the property (e.g. owner (freeholder), agent)			

Section 3 of 19				
PROPOSED LICENCE HOLDER				
Name of Proposed Licence Holder <i>(If same as applicant(s) in Section 1 tick here <input type="checkbox"/> and go to section 4)</i> Note that the address given here will appear on the public register.				
3.4	First name(s)			
3.5	Family name			
3.6	Former name(s)			
3.7	Address and postcode			
Contact details (The information below <u>does not</u> form part of the Public Register)				
3.8	Emergency Contact Number			
3.9	Email address			
3.10	Main telephone number			
3.11	Date of birth		3.12	Place of birth

Section 4 of 19				
PROPOSED LICENCE HOLDER – BUSINESSES AND ORGANISATIONS				
If an individual go to Section 5				
4.1	Legal status of the proposed licence holder: <input type="checkbox"/> Individual or sole trader <input type="checkbox"/> Company <input type="checkbox"/> Partnership <input type="checkbox"/> Charity or trust <input type="checkbox"/> Other (Provide details)			
Company, Partnership, Charity or Trust				
4.2	Business/organisation name			
4.3	Registration number (If applicable)			
Business or Organisation Address				
4.4	Address and postcode Provide the registered office address or other official address			
4.5	Email address			
4.6	Main telephone number			

Section 4 of 19				
PROPOSED LICENCE HOLDER – BUSINESSES AND ORGANISATIONS				
<i>Note 1 - Provide details about <u>all</u> COMPANY DIRECTORS (and the SECRETARY if the company's Articles of Association require a secretary); all PARTNERS (if it is a partnership); 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.</i>				
Provide the following details about each person acting in any of the above positions.				
4.7	How many persons are involved?			
4.8	Position			e.g. director, partner, trustee
4.9	First name(s)			
4.10	Family name			
4.11	Former name(s)		If currently or previously known by any other name(s), you must record them here.	
4.12	Address and postcode			
4.13	Email address			
4.14	Main telephone number			
4.15	Date of birth		4.16	Place of birth

PROVISION OF ADDITIONAL INFORMATION REQUIRED

Section 4a of 19				
Provide the following details about each additional person acting in any of the above positions listed in Note 1				
4.8	Position			
4.9	First name(s)			
4.10	Family name			
4.11	Former name(s)			
4.12	Address and postcode			
4.13	Email address			
4.14	Main telephone number			
4.15	Date of birth		4.16	Place of birth
Section 4b of 19				
4.8	Position			
4.9	First name(s)			
4.10	Family name			
4.11	Former name(s)			
4.12	Address and postcode			
4.13	Email address			
4.14	Main telephone number			
4.15	Date of birth		4.16	Place of birth
Section 4c of 19				

Section 4a of 19				
4.8	Position			
4.9	First name(s)			
4.10	Family name			
4.11	Former name(s)			
4.12	Address and postcode			
4.13	Email address			
4.14	Main telephone number			
4.15	Date of birth		4.16	Place of birth
Section 4d of 19				
4.8	Position			
4.9	First name(s)			
4.10	Family name			
4.11	Former name(s)			
4.12	Address and postcode			
4.13	Email address			
4.14	Main telephone number			
4.15	Date of birth		4.16	Place of birth

Section 5 of 19		
OWNERSHIP AND CONTROL OF THE HMO TO BE LICENSED		
5.1	Is the proposed licence holder(s) the owner of the property? If yes, go to 5.5; If no, go to 5.2	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.2	Does the proposed licence holder have control of the property? i.e. is legally entitled to receive the rental income from the property	<input type="checkbox"/> Yes <input type="checkbox"/> No
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)? If no to both 5.5 and 5.6, go to 6.1	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.6	Has anybody else agreed to be bound by the conditions of the licence, if it is granted? Details of the manager are requested in Section 6. If no to both 5.5 and 5.6, go to 6.1	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 5 of 19			
OWNERSHIP AND CONTROL OF THE HMO TO BE LICENSED			
<i>Note 2 - 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.</i>			
Total number of persons/companies etc. with a legal interest in the property			
Provide the following full details about each one:			
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

Section 6 of 19			
PROPOSED MANAGER OF THE PROPERTY (HMO)			
6.1	Will the proposed licence holder(s) be the manager of the property? If yes, go to 7.1	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Provide full details about the manager			
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

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"/> Buildings 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 (Provide details):		
7.2	How many storeys does the HMO have? Include the ground floor, basements, attics and mezzanines that are in use .		
7.3	In the case of a building converted into self-contained flats, state the levels on which those storeys are situated.		
7.4	How many storeys does the whole building have? Include 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"/> Grouped structure - e.g. a dwelling which shares a party wall in a cluster or around a courtyard <input type="checkbox"/> Mixed use block e.g. a flat above commercial premises <input type="checkbox"/> Other If other, go to 7.6		
7.6	Provide details		
7.7	Are any parts of the building used for non-residential purposes? If no, go to 7.9		<input type="checkbox"/> Yes <input type="checkbox"/> No
7.8	Describe which part(s) and how they are used e.g. ground floor used for storage, shop, restaurant, office		
7.9	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		
7.10	Was the HMO: <input type="checkbox"/> Purpose built with its present design. If purpose built, go to 8.1		
	<input type="checkbox"/> Converted from a previous residential dwelling <input type="checkbox"/> Converted from a non-residential structure	7.11	Approximate date of conversion

Section 7 of 19	
DETAILS OF THE HMO TO BE LICENSED	
7.12	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
Note 3 - If <u>yes</u> to 7.12, please provide copies of these documents with your application.	

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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	Number of households <i>A household consists of family members or a cohabiting couple. A group of 3 friends counts as 3 separate households</i>		
8.2	Number of persons/occupants <i>Include any children, and the landlord and family, if applicable</i>		
Resident landlord			
8.3	Is there a resident landlord? If no, go to 8.6	<input type="checkbox"/> Yes <input type="checkbox"/> No	8.4 Number of persons in landlord's household?
8.5	Which parts of the property does the landlord's household occupy?		
Catering arrangements			
8.6	Catering arrangements for occupants of the property e.g. B&B, full board, self-catering		

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ACCOMMODATION DETAILS	
Note 4: Minimum standards are described in the WCBC Prescribed Standards for Licensed HMOs	
9.1	Insert the number of separate letting units in the property e.g. Bedrooms / bedsits or flats let on separate tenancy contracts or to separate households
Of these, insert the number which are:	
9.2a	Flats (i.e. Self-contained letting units for the exclusive use of the occupants who form a single household). Occupants have exclusive use of kitchen, bath/shower and toilet facilities and are all contained behind the main entrance door to the flat.
9.2b	Flats with non-self-contained letting units for the exclusive use of the occupants who form a single household. Occupants have exclusive use of kitchen, bath/shower and toilet facilities, but not all facilities are contained behind the main entrance door to the flat.
9.2c	Flats let on a lease of over 21 years over which the applicant cannot reasonably be able to exercise control

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ACCOMMODATION DETAILS						
9.3	Non-self-contained letting units in shared accommodation (e.g. bedsit-type rooms or bedrooms in a shared house) Occupants share use of kitchen and/or bath/shower and/or toilet facilities					
Number of rooms and facilities in the property		Total in property	Used exclusive by one letting unit	Use shared between letting units	Notes	
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	Have you carried out a Legionnaires Risk Assessment?				<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? (Select all that apply) <input type="checkbox"/> Gas central heating <input type="checkbox"/> Electrical central heating <input type="checkbox"/> 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 (provide details):					
10.2	Do all the rooms in the property have a permanent fixed source of heating?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Energy efficiency						
10.4	Is there an Energy Performance Certificate for the property?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
10.5	The cost of heating the HMO is the responsibility of the			<input type="checkbox"/> landlord	<input type="checkbox"/> tenants	
Note 5 - If the landlord is responsible for the cost of heating, please provide evidence.						

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GAS AND ELECTRICITY		
Gas installation and appliances		
11.1	Does the property have a gas supply?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Electrical installation and fixed appliances		
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
Portable electrical appliances		
11.3	Are any portable electrical appliances provided for use by the occupants (e.g. kettle, refrigerator, vacuum cleaner)? If no, go to section 12	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 12 of 19		
FIRE PRECAUTIONS		
Fire risk assessment		
12.1	Has a fire safety risk assessment been undertaken?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Smoke and heat alarms		
12.2	What grade and category of Automatic Fire Detection (AFD) is installed in the property?	
Furniture		
12.3	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
Sprinkler System		
12.4	Is there a sprinkler system installed in the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Escape Lighting (if installed)		
12.5	Is emergency lighting installed on the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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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	Bath	SH	Shower
C	Cooker	WC	Water closet
M	Microwave	WHB	Wash hand basin
F	Fridge	D	Double electrical socket
DW	Dish Washer (in lieu of 2 nd sink)	SE	Single electrical socket
S	Sink		

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

AS	Alarm sounder	FD	Fire door
CP	Call point	FE	Foam extinguisher
DP	Dry powder extinguisher	WE	Water extinguisher
EL	Emergency lighting	SD	Smoke detector / alarm
EW	Escape window	HD	Heat detector / alarm
FAP	Fire alarm control panel	↑	Upward direction of stairs
FB	Fire blanket	SP	Sprinkler Head

Section 14 of 19

MANAGEMENT OF THE PROPERTY (HMO) TO BE LICENSED

Written statement of terms of occupancy (tenancy agreement)

14.1	Are all occupants given a tenancy agreement (or other written statement of terms of occupancy)? If no, go to 14.4	<input type="checkbox"/> Yes <input type="checkbox"/> No
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? If no, go to 14.8	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.5	Are the terms of the tenancy deposit clearly set out in writing?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 14 of 19	
MANAGEMENT OF THE PROPERTY (HMO) TO BE LICENSED	
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: <input type="checkbox"/> Deposit Protection Service (DPS) <input type="checkbox"/> MyDeposits <input type="checkbox"/> Tenancy Deposit Scheme (TDS) 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.
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 19			
FIT AND PROPER PERSON TEST			
The Applicant(s) must take all reasonable steps to ascertain the information below. Provision of false or misleading information is a criminal offence.			
Has the <u>proposed licence holder</u> , the <u>manager</u> and/or <u>any person associated with either of them</u> :			
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
15.11	Been declared bankrupt?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If Yes to any of the above, provide Full Details below</i>			
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		

Section 15 of 19	
FIT AND PROPER PERSON TEST	
15.18	Provide full details (including the address of the property concerned, if applicable)
<i>Note 6 - 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>	

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RENT SMART WALES (RSW) REGISTRATION AND LICENSING (https://www.rentsmart.gov.wales/en/)	
16.1	Is this address registered as a rental property in Wales?
16.2	RSW Registered Landlord name(s)
16.3	RSW Licence Holder(s)
16.4	Type of RSW Licence Holder

Section 17 of 19				
OTHER PROPERTIES				
17.1	Does the owner own other properties that require a HMO licence under the Housing Act 2004?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert total number of licensable HMOs in Wrexham County Borough area	
			Insert total number of Licenced HMOs in other local authority areas	
			Insert total number of Licenced HMOs in other local authority areas within Wales	
17.2	Does the owner own other properties that are not HMOs that they let for rent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert total number of non-HMOs in Wrexham County Borough area	
			Insert total number of non-HMOs in other local authority areas within Wales only	

Section 17 of 19			
17.3	Does the proposed licence holder (if different from the owner) own other properties which require a HMO licence under the Housing Act 2004?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert total number of licensable HMOs in Wrexham County Borough area
			Insert total number of Licenced HMOs in other local authority areas
			Insert total number of Licenced HMOs in other local authority areas within Wales
17.4	Does the proposed licence holder (if different from the owner) own other properties that are not HMOs that they let for rent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert total number of non-HMOs in Wrexham County Borough area
			Insert total number of non-HMOs in other local authority areas within Wales only
17.5	Does the proposed manager (if not the owner or proposed licence holder) own or manage other properties that require a licence under the Housing Act 2004?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert total number of licensable properties in Wrexham County Borough area
			Insert total number in other local authority areas
			Insert total number of Licenced HMOs in other local authority areas within Wales
17.6	Does the proposed manager (if not the owner or proposed licence holder) own or manage other properties that are not HMOs that they let for rent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert total number of non-HMOs in Wrexham County Borough area
			Insert total number of non-HMOs in other local authority areas within Wales only
Details will be checked with Rent Smart Wales. Under the Housing (Wales) Act 2014 a person found guilty of not keeping their information up to date can be issued with a fixed penalty notice of £150, or if taken to court can be fined up to £200.			

Section 18 of 19	
NOTIFYING PEOPLE ABOUT THE LICENCE APPLICATION	
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

Section 18 of 19		
NOTIFYING PEOPLE ABOUT THE LICENCE APPLICATION		
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 7 - 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 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.

I/We understand that an incomplete application (including missing or incomplete documents and/or an unpaid application fee and/or failure to comply with the Housing (Wales) Act 2014, Part 1) cannot be processed and that I will remain liable to prosecution.

The Council may be required to disclose to government agencies information you provide.

Applicant 1

19.1	Full name			
	Signature			
	Capacity		Date	

Applicant 2

19.2	Full name			
	Signature			
	Capacity		Date	

Note 8 – All applicants must sign this application. Where the applicant proposes another person should be the licence holder the proposed licence holder must also complete and sign the section below.

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 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.

I/We understand that an incomplete application (including missing or incomplete documents and/or an unpaid application fee and/or failure to comply with the Housing (Wales) Act 2014, Part 1) cannot be processed and that I will remain liable to prosecution.

The Council may be required to disclose to government agencies information you provide.

Proposed Licence Holder(s)

Note 9 – 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 for a new application other than the renewal of a Mandatory Licence is **£816 per licence**. £448.80 is to be paid at the application stage, the remaining £367.20 is to be paid once a decision to grant the licence has been made but prior to the issue of the licence.

The fee for the renewal of a Mandatory Licence is **£497 per licence**. £273.35 is to be paid at the application stage, the remaining £223.65 is to be paid once a decision to grant the licence has been made but prior to the issue of the licence.

The above fees are for a licence that will last for a maximum of 5 years.

Payments can be made online

<https://www.civicaepay.co.uk/WrexhamEstore/estore/default/Catalog/index?categoryid=37>

Payment can also be made by telephone using credit or debit card on 01978 297102. Cheques must be made payable to 'Wrexham County Borough Council'.

<i>All of the documents below must be provided</i>	Enclosed
Fire alarm installation, inspection and servicing certificate/report (Mandatory)	<input type="checkbox"/>
Electrical Installation Condition Report (EICR) for the Electrical Installation (Mandatory)	<input type="checkbox"/>
Current Gas Safety Certificate (Mandatory – if gas at property)	<input type="checkbox"/>
Fire Risk Assessment (Mandatory)	<input type="checkbox"/>
Legionnaires Risk Assessment (Mandatory)	<input type="checkbox"/>
Layout plans for each storey showing location and dimensions of all rooms within the property (Mandatory)	<input type="checkbox"/>
Energy Performance Certificate (Mandatory – no need if it is available on the Domestic Energy Performance Certificate Register)	<input type="checkbox"/>
Any planning permission or building regulations approval	<input type="checkbox"/>