



Form 2 - The Licence Holder

Application for a Licence for a House in Multiple Occupation (HMO)

You need only fill in this form once no matter how many properties you control. This is, however, conditional on the details remaining the same for each property. If any details are different (for example, if there is a different co-owner) you must fill in and submit a new Form 2 with your application. Should you or your **agent** make future applications for an **HMO** licence, the applicant will be asked to verify that the information you have given in this form remains correct. For this reason, you should keep a copy of this form when you have completed it.

In the case of a limited company or limited liability partnership, state the full name and registered office of the company or partnership.

In the case of an ordinary partnership, give the name and address of the principal partner and fill in the names of the other partners in the connected ownership section.

In the case of individuals with co-ownership please give one name & details below and the remainder in the connected ownership section. (In most cases the first named **owner** will be the licence holder and applicant).

If you act as trustee, please give your details below adding 'as trustee' to your name, and give ownership details in the connected ownership section.

If you are a leaseholder give your own name below and detail all superior landlords or **freeholders** in the **Landlord- connected persons** section at the end of this form.

2.1 Full Name	
2.2 Address	Postcode:
2.3 Telephone Numbers Home Work Mobile	
2.4 E Mail Address	

2.5 Date of Birth	
2.6 National Insurance No. or Companies House Registration No.	
2.7 Specify your ethnic group (this question is voluntary) White British, White Irish, White Other, White & Afro Caribbean, White & Black African, White & Asian, Other Mixed, Asian Indian, Asian Pakistani, Asian Bangladeshi, Asian Other, Black Caribbean, Black African, Black Other, Chinese, Other.	
2.8 For companies, give the full name and position in the company of the person responsible for applying for the licence	
2.9 If property is leasehold, give length of lease	
Length of lease remaining	

2.10 Have you or any person who will be involved in the management of the property (do not include "spent" convictions as defined in Rehabilitation of Offenders Act 1974):			
	Yes	No	Not Sure
a) Been convicted of any offence involving:			
Fraud or dishonesty (including benefit fraud)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Matters listed in Schedule 3 to the Sexual Offences Act 2003	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Received a caution, informal reprimand or formal warning in respect of any of the above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Been found by a court or tribunal to have practised unlawful discrimination on grounds of sex, colour, race, ethnic or national origins or disability in or in connection with the carrying on of any business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Been convicted of or been subject to a Court Order in respect of any provision of housing law or of landlord and tenant law including civil proceedings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	Not Sure
d) Acted in contravention of any relevant Approved Code of Practice (A code of practice issued by the government relating to the management of HMOs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Been refused a licence for an HMO anywhere in England or Wales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Breached the conditions of an HMO Licence in England or Wales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Been subject to a HMO Control Order or Management Order in England or Wales in the last 5 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Failed to comply with a housing notice (requiring works etc.) served by a local authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Been declared bankrupt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.11 If you answered Yes or "Not Sure" to any of the above questions, please give details below. Continue on a separate sheet if necessary

2.12 Please give details of any qualifications or training courses you have attended relevant to your responsibilities as property **landlord** or **manager**:

Date awarded	Qualification / Training	Name of Awarding Body

2.13 Please give details of your membership of any professional organisations relevant to your responsibilities as property **landlord** or **manager**:

Date membership gained	Nature of Membership	Organisation

Licence Holder - Connected Persons (continue on a separate sheet if necessary)

1	The person named is	Business Partner	<input type="checkbox"/>	Co-Owner	<input type="checkbox"/>	If 'other' state connection below e.g. Deputy Manager
		Owner	<input type="checkbox"/>	Other	<input type="checkbox"/>	
Full Name						
Address					Postcode	
Tel Number		Home: Mobile:		Work: Fax:		
email address						
Date of Birth						
National Insurance Number or Companies House Reg. No.						

2	The person named is	Business Partner	<input type="checkbox"/>	Co-Owner	<input type="checkbox"/>	If 'other' state connection below e.g. Deputy Manager
		Owner	<input type="checkbox"/>	Other	<input type="checkbox"/>	
Full Name						
Address					Postcode	
Tel Number		Home: Mobile:		Work: Fax:		
email address						
Date of Birth						
National Insurance Number or Companies House Reg. No.						

3	The person named is	Business Partner	<input type="checkbox"/>	Co-Owner	<input type="checkbox"/>	If 'other' state connection below e.g. Deputy Manager
		Owner	<input type="checkbox"/>	Other	<input type="checkbox"/>	
Full Name						
Address					Postcode	
Tel Number		Home: Mobile:		Work: Fax:		
email address						
Date of Birth						
National Insurance Number or Companies House Reg. No.						

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 Housing Act 2004 that is false or misleading and which I/we know is false or misleading or I/we am/are reckless as to whether it is false or misleading.

I understand that the Council may need to make enquiries into the information I have supplied for the purposes of Part 2 Housing Act 2004. I hereby authorise the Council to make such enquiries as are relevant and necessary to discharge its statutory functions under the Housing Act 2004, including sharing such information with relevant organisations and authorities. I have read and understood the section of this application headed 'Application for HMO Licence - Notes Relating to Misrepresentation and the Data Protection Act 1998.

Signed:**Date:****Proposed Licence Holder**