

LICENSING APPLICATION FORM FOR A HOUSE IN MULTIPLE OCCUPATION

This form should be used to make an application to the local housing authority for a licence to operate a House in Multiple Occupation under Part 2 of the Housing Act 2004.

This application refers to (property address):

Post Code:

PAYMENT RECEIPT NUMBER (If fee paid by credit/debit card hotline):

Please indicate the type of house for which the application is made by ticking one of the boxes below

- | | |
|--|--------------------------|
| House in multiple occupation | <input type="checkbox"/> |
| Flat in multiple occupation | <input type="checkbox"/> |
| House converted into and comprising only of self contained flats | <input type="checkbox"/> |
| Purpose built block of flats | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

You must let certain persons know in writing that you have made this application or give them a copy of it. See declaration on page 22

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 condition or conditions in a licence if it is granted

You must tell each of these persons-

- Your name, address, telephone number and e-mail address or fax number (if any)
- The name, address, telephone number and e-mail 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
- 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

Part 1: Details of applicant

1. Name and address of applicant(s): **The address provided for an individual should be their permanent residence address and adequate proof must be provided. Examples would include; driving licence, recent bank or building society statement or recent tax correspondence (originals only). An alternative correspondence address may be provided if required, and this will be the address used on the public register.**

Title:	Title:
Name:	Name:
Home Address:	Home Address:
Correspondence Address:	Correspondence Address:
Home tel: Work tel: Mobile:	Home tel: Work tel: Mobile:
e-mail:	e-mail:
Proof of address:	Proof of address:
Interest in property:	Interest in property:

2. If the applicant is a company, partnership or trust, please indicate which and complete the following:

2.1 Company/partnership/trust information: including registered office or principal trading address where appropriate:

tel: _____ email: _____

2.2 Names & addresses of all directors/partners/trustees (please use separate sheet if more than 2):

tel: _____ email: _____

tel: _____ email: _____

2.3 Name & address of Company Secretary:

tel: _____ email: _____

2.4 Please give an address to which official correspondence should be sent. All partners/trustees should sign their agreement to this address:

Address: _____

Print Name: _____ Signed: _____

Print Name: _____ Signed: _____

Print Name: _____ Signed: _____

Print Name: _____ Signed: _____

3. Details of other persons with an interest in the property

3.1 Name & address of manager/rent collector (if applicable). The address provided for an individual should be their permanent residence address, and proof of this must be provided .
If a manager is appointed ensure that Part 2 of the application form is completed.

tel: _____ email: _____

Part 2: Proposed Licence Holder Information

1. Name and address of proposed licence holder(s): The address provided for an individual should be their permanent residence address and adequate proof must be provided. Examples would include; driving licence, recent bank or building society statement or recent tax correspondence (originals only). An alternative correspondence address may be provided if required, and this will be the address used on the public register.
If the applicant is the licence holder then complete the name only and move on to question 3.

Title:	Title:
Name:	Name:
Home Address:	Home Address:
Correspondence Address:	Correspondence Address:
Home tel: Work tel: Mobile:	Home tel: Work tel: Mobile:
e-mail:	e-mail:
Proof of address:	Proof of address:
Interest in property:	Interest in property:

2. If the licence holder is a company, partnership or trust, please indicate which and complete the following:
- 2.1 Company/partnership/trust information: including registered office or principal trading address where appropriate:

tel: _____ email: _____

- 2.2 Names & addresses of all directors/partners/trustees (please use separate sheet if more than 2):

tel: _____ email: _____

tel: _____ email: _____

2.3 Name & address of Company Secretary:

tel: _____ email: _____

2.4 Please give an address to which official correspondence should be sent. All partners/trustees should sign their agreement to this address:

Address: _____

Print Name: _____ Signed: _____

Print Name: _____ Signed: _____

Print Name: _____ Signed: _____

Print Name: _____ Signed: _____

3. Fit & proper person

The local authority must consider evidence relating to whether the licence holder is a fit and proper person.

3.1 Have you, or anyone associated with the letting of the property, committed an offence involving the following:

	You	Associate
Fraud	<input type="checkbox"/>	<input type="checkbox"/>
Dishonesty	<input type="checkbox"/>	<input type="checkbox"/>
Violence	<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Offences Act schedule 3	<input type="checkbox"/>	<input type="checkbox"/>

Please note that spent offences do not need to be declared (see page 25)

3.2 Have you, or anyone associated with the letting of the property, been convicted of, or investigated for unlawful discrimination in relation to your business on grounds of:

	You	Associate
Sex	<input type="checkbox"/>	<input type="checkbox"/>
Colour	<input type="checkbox"/>	<input type="checkbox"/>
Race	<input type="checkbox"/>	<input type="checkbox"/>
Ethnic or national origins	<input type="checkbox"/>	<input type="checkbox"/>
Disability	<input type="checkbox"/>	<input type="checkbox"/>

3.3 Have you, or anyone associated with the letting of the property, contravened any provision of housing, public health, environmental health or landlord & tenant law, which has led to criminal or civil proceedings which led to a judgement against you (or your associate)

You Associate

or within the last 5 years been in control of a property:

- subject to a Control Order
- subject to proceedings by a local authority
- where the local authority has carried out works in default
- subject to a Management Order under Housing Act 2004
- been refused a licence or breached conditions of a licence
- acted in contravention to any approved Code of Practice

If any associate boxes have been ticked in questions 3.1, 3.2 or 3.3 please provide further details.

3.4 We may require your cooperation in obtaining Criminal Records Bureau information in confirmation of the above. We may also approach other authorities such as the police authority, Fire & Rescue Service, Office of Fair Trading, etc for information and confirmation. Please sign the declaration below to indicate your agreement to these enquiries.

I hereby authorise any statutory body holding information about me which falls within the categories above to provide this information on request by the council.

Name: _____

Signature: _____ Date: _____

3.5 Are you a licence holder in respect of any other properties situated in the borough or any other local authority area? Please provide details as below;

Address of property:	Name and address of local council issuing licence	Date of issue of licence

3.6 Are you a member of any landlords association or other professional body? Please indicate which.

3.7 Are you an accredited landlord in this or another authority? Please indicate.

3.8 Please list any training courses you have undertaken or conferences attended in the last 3 years which you feel make you a better landlord.

IF THE LICENCE HOLDER IS A DIFFERENT PERSON FROM THE APPLICANT THEN THE LICENCE HOLDER MUST ALSO SIGN THE DECLARATION ON PAGE 24

Part 3: Details of the Person managing the HMO

If it is proposed that the applicant is the manager then complete the name and address box only and move onto Part 4

The proposed manager's details should be provided in questions below

<p>1. Name & address of person managing the property, indicating professional qualifications such as RICS, ARMA, ARLA, etc.</p> <p>_____</p> <p>_____</p> <p>tel: _____ email: _____</p>
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1.1 Company/partnership/trust information: including registered address or principal trading address where appropriate.

tel: _____ email: _____

2. Names and addresses of all Directors/Partners/Trustees indicating professional qualifications such as RICS, ARMA, ARLA, etc. (please use separate sheet if necessary). Pre-printed information about your organisation is acceptable, validated by the signature of the appropriate officer.

tel: _____ email: _____

tel: _____ email: _____

2.1. Name & address of Company Secretary:

tel: _____ email: _____

2.2. Please give an address to which official correspondence should be sent. All partners/trustees should sign their agreement to this address:

Address: _____

Print Name: _____ Signed: _____

Print Name: _____ Signed: _____

Print Name: _____ Signed: _____

Print Name: _____ Signed: _____

3. Fit & proper person

The local authority must consider evidence relating to whether the manager is a fit and proper person.

3.1 Have you, or anyone associated with the letting of the property, committed an offence involving the following:

	You	Associate
Fraud	<input type="checkbox"/>	<input type="checkbox"/>
Dishonesty	<input type="checkbox"/>	<input type="checkbox"/>
Violence	<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Offences Act schedule 3	<input type="checkbox"/>	<input type="checkbox"/>

Please note that spent offences do not need to be declared (see Page 26)

3.2 Have you, or anyone associated with the letting of the property, been convicted of, or investigated for unlawful discrimination in relation to your business on grounds of:

	You	Associate
Sex	<input type="checkbox"/>	<input type="checkbox"/>
Colour	<input type="checkbox"/>	<input type="checkbox"/>
Race	<input type="checkbox"/>	<input type="checkbox"/>
Ethnic or national origins	<input type="checkbox"/>	<input type="checkbox"/>
Disability	<input type="checkbox"/>	<input type="checkbox"/>

3.3 Have you, or anyone associated with the letting of the property, contravened any provision of public health, housing or landlord & tenant law which led to criminal or civil proceedings, which led to a judgement against you (or your associate)

You	Associate
<input type="checkbox"/>	<input type="checkbox"/>

- or within the last 5 years been in control of a property:

subject to a Control Order

subject to proceedings by a local authority	<input type="checkbox"/>	<input type="checkbox"/>
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where the local authority has carried out works in default	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------

subject to a Management Order under Housing Act 2004	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------

been refused a licence or breached conditions of a licence	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------

acted in contravention to any approved Code of Practice	<input type="checkbox"/>	<input type="checkbox"/>
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If any boxes ticked in questions 5.1, 5.2 or 5.3 please provide further details.

We may require your cooperation in obtaining Criminal Records Bureau information in confirmation of the above. We may also approach other authorities such as the police authority, Fire & Rescue Service, Office of Fair Trading, etc for information and confirmation. Please sign the declaration below to indicate your agreement to these enquiries.

I hereby authorise any statutory body holding information about me which falls within the categories above to provide this information on request by the council.

Name:

Signature:

Date:

3.4 Please list any training courses you have undertaken or conferences attended in the last three years.

Part 4: Details of the Person Having Control of the HMO

The person having control of the property is the person who receives the rent from the tenants

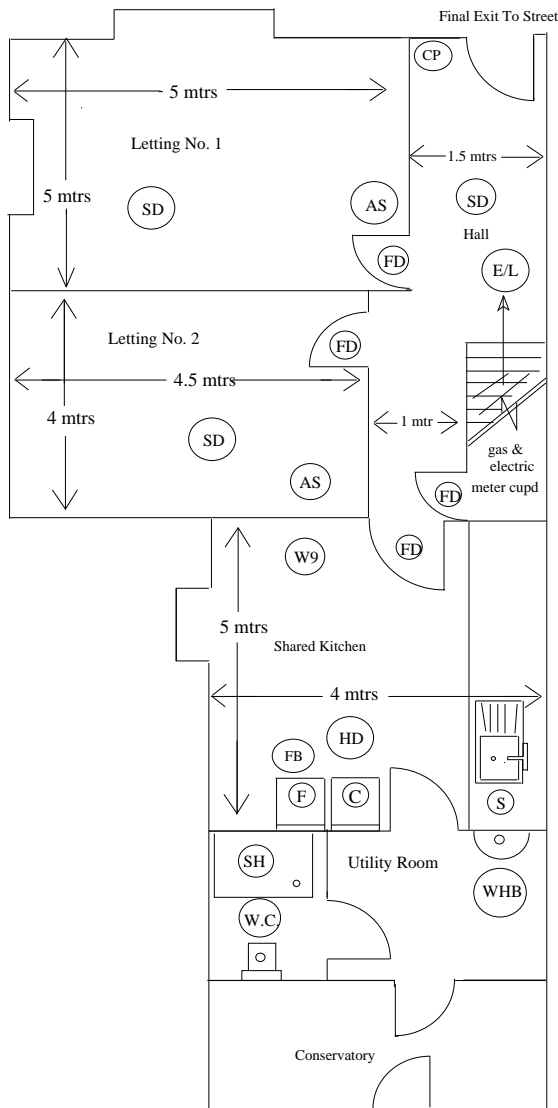
1. Name & address of person in control of the property.

tel: _____ email: _____

Part 5: Details Of The Property To Be Licensed

Please attach a sketch plan, with measurements, showing the location and size of each room in the property. Below is an example showing the type of sketch and detail required. Please use the abbreviations listed below to mark details on the plan. Please provide a separate sketch of each floor level of the property. Please add additional sheets if you require further space. If you already have plans of the property you may submit these separately.

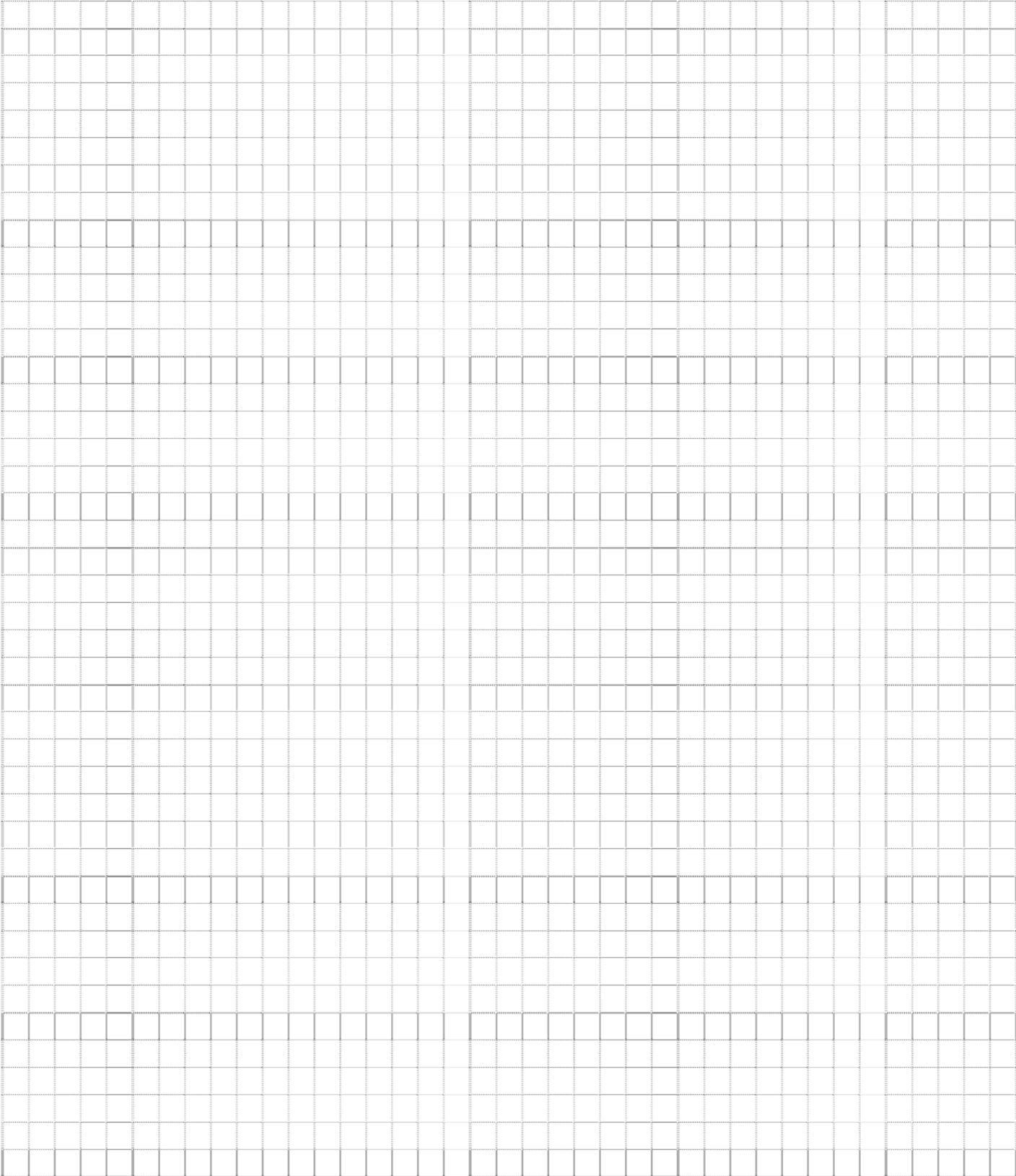
KEY TO SYMBOLS TO BE USED ON PLAN



(FD)	FIRE DOOR
(EL)	EMERGENCY LIGHTING
(SD)	SMOKE DETECTOR
(HD)	HEAT DETECTOR
(AS)	ALARM SOUNDER
(CP)	CALL POINT
(FB)	FIRE BLANKET
(W9)	WATER EXTINGUISHER
(AAF)	FOAM EXTINGUISHER
(SH)	SHOWER
(WC)	WATER CLOSET
(C)	COOKER
(S)	SINK
(F)	FRIDGE
(B)	BATH
(WHB)	WASH HAND BASIN
(FAP)	FIRE ALARM PANEL

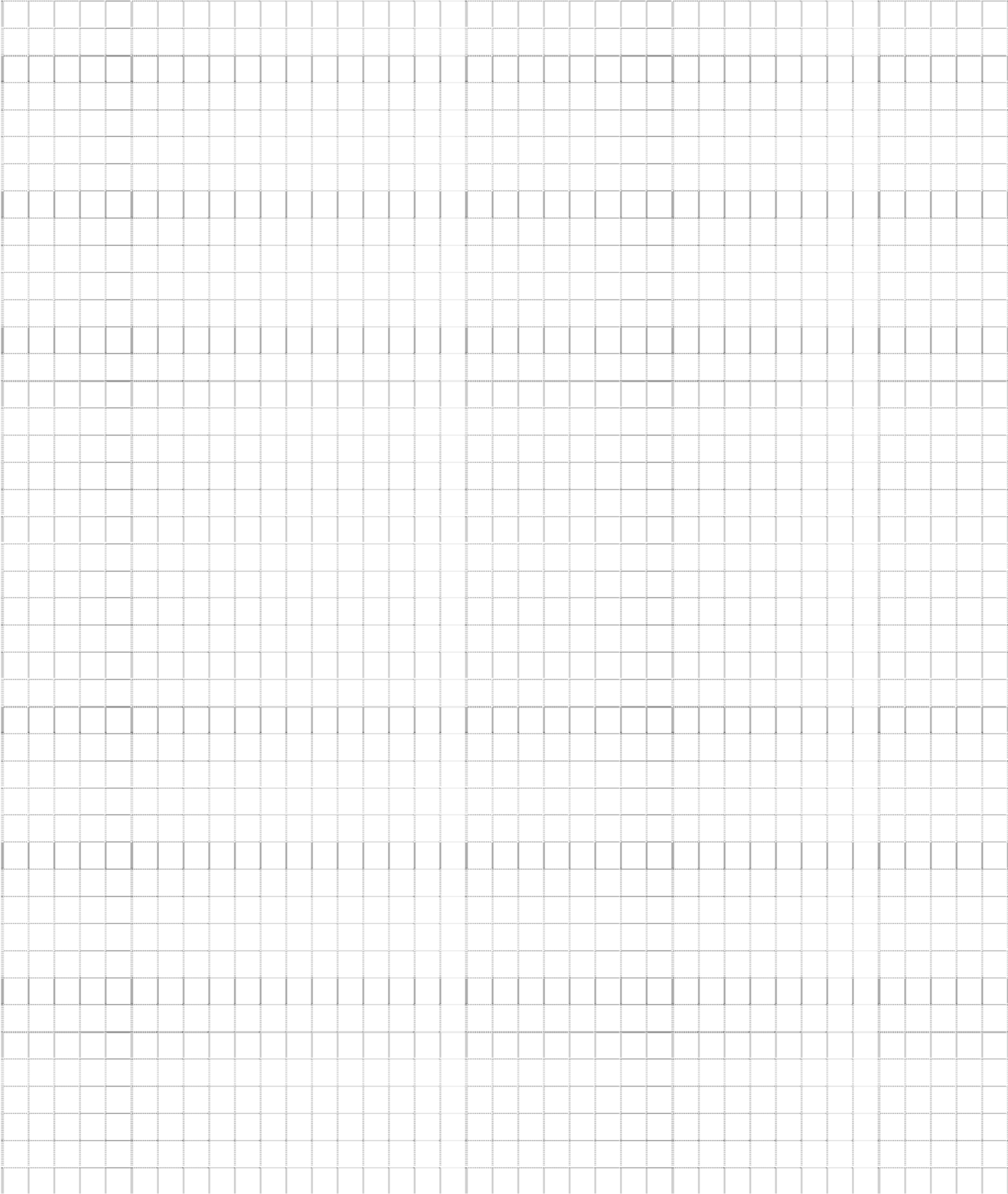
EXAMPLE GROUND FLOOR PLAN

Sketch Plan



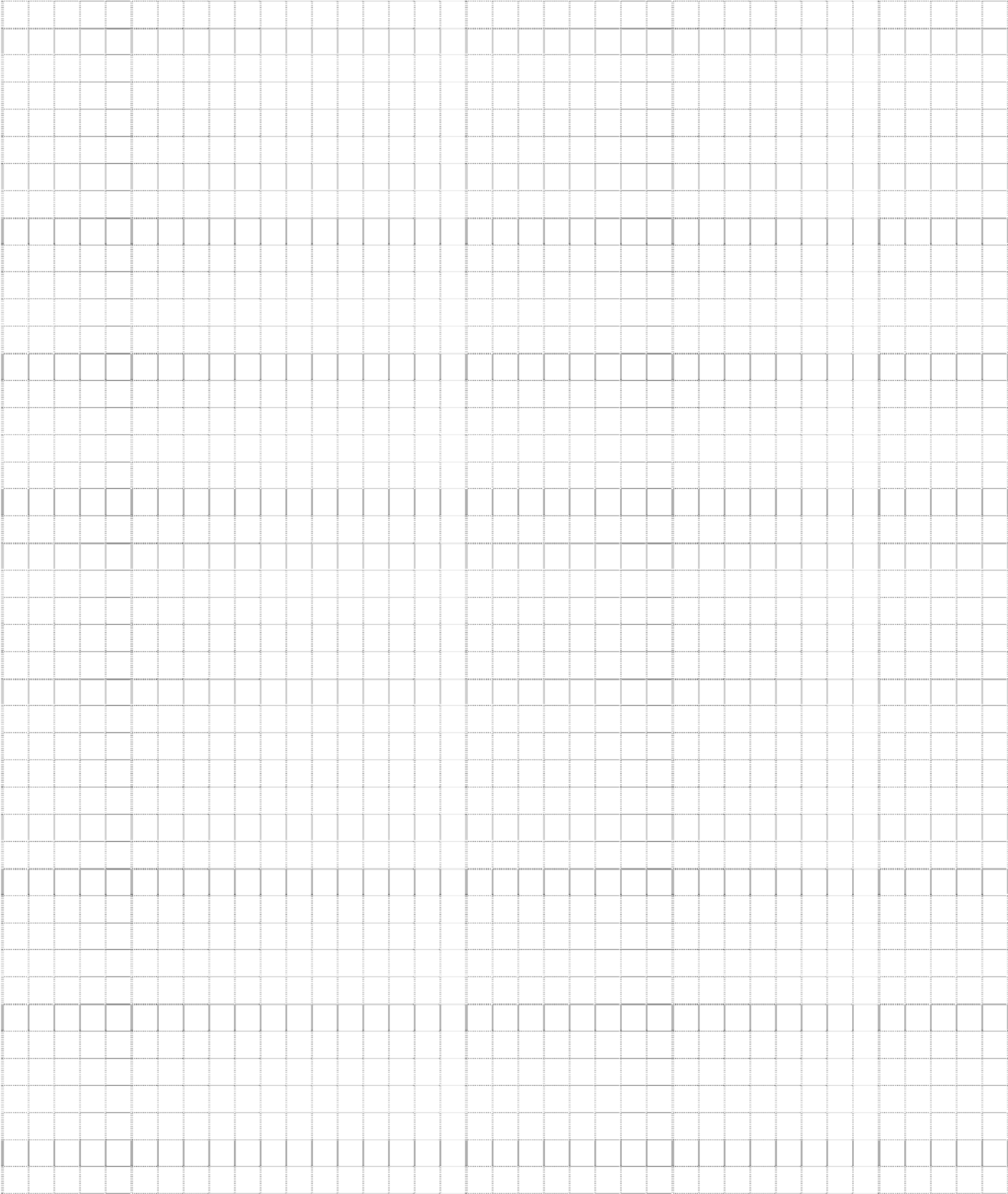
Notes

Sketch Plan



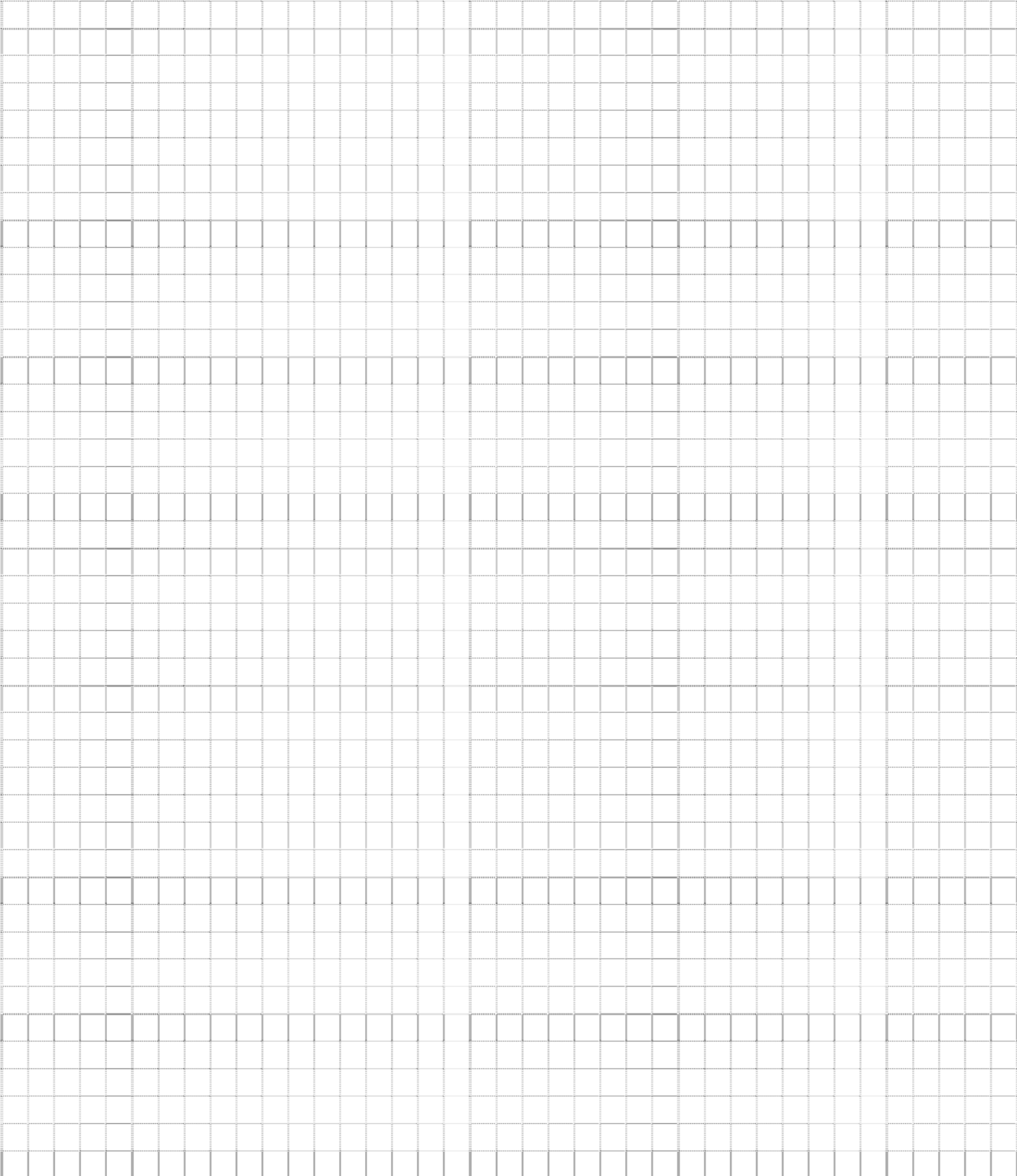
Notes

Sketch Plan



Notes

Sketch Plan



Notes

1.1 Please give approximate date of construction of the property:

Pre 1919

1919-1945

1945-1964

1965-1980

Post 1980

1.2 If converted, approximate date of conversion: _____

1.3 Please provide details of any building works carried out to the property. If works have been carried out copies of planning consents, building regulations approval or certificates issued on completion of works should be included.

Description of works	Date of completion

1.3a Does the property have planning consent for permitted change of use to allow multiple occupation? **YES/NO** (delete as appropriate)

If you have answered YES, please provide date of approval and reference number given by the Planning Department

1.4 How many floors are there in the house, including basements and attic floors? _____

2. People Living In the House

2.1 How many households occupy the house? _____

2.2 How many individual people occupy the house? _____

2.3 Is there a resident landlord? Y N

2.4 Number of people in resident landlord's household? _____

2.5 Which rooms in the house are occupied by resident landlord's household?

2.6 Please indicate the number of occupants for which you would like a licence? _____

3. Please complete the following table indicating the occupation of each unit or letting and whether facilities are shared or for sole use. Please indicate facilities (but not fire precautions) using the abbreviations given on page 12 . Children of whatever age, including babies, must be entered. Units occupied by leaseholders should be included.

Letting number	Number of people in this letting	Number of rooms for sole use of this letting	Facilities provided for sole use of this letting	Facilities shared with other lettings
e.g. 1	2	1	None	SH, W.C., WHB, S,F,C

Part 6: Facilities And Management

Some questions in this section are marked *. You must complete these questions to enable your application to be considered.

This section also includes some questions providing information to the council which will enable an assessment to be made of the priority for inspection of the property. You are not obliged to answer these questions however if you do not do so the council is likely to consider the property to be a high priority for inspection.

Property Details	Yes	No	Not Known
1. Do you have a schedule for			
a) Planned maintenance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Inspection of furniture/facilities/equipment? (Please provide brief details)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>			
<hr/>			
<hr/>			
2. Fire Precautions			
2.1 a) Is there a system of smoke/heat detectors incorporating:			
- A fire alarm panel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Emergency lighting in the common hallways?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Mains powered smoke/heat detectors in kitchen/common rooms and hallways?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Battery operated smoke detectors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Sounders/alarms on all levels?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Is the main escape route protected by fire doors fitted with smoke seals, intumescent strips and self closers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Is the escape route kept clear of flammable material and other obstructions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Do you have a contractor to maintain and inspect your system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Please state who _____			
f) Is there a log book of inspection/testing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Where is it kept? _____			
h) Is there a current test certificate? (please provide copy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Is there a current emergency lighting test certificate? (please provide copy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Is there a service contract for the alarm and lighting systems? (please provide copy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Are fire extinguishers provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Please state type and location _____			
<hr/>			
m) Have details of escape routes and other fire safety training been provided to occupiers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Yes No Not
Known**

3. Heating & Utilities

3.1 What form of heating does the property have?

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| Gas fired central heating | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Off peak night storage heaters | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Individual wall mounted gas heaters | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Individual wall mounted electric heaters | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Other (please specify):

3.2 If there is a gas supply to the property, please confirm that you have a current Gas Safety Certificate (required annually for the installation and equipment you provide) and enclose a copy

3.3 Do you have an electrical safety certificate from a competent electrical engineer within the last 5 years to confirm that the electrical installation is safe? (This should be available at the inspection of the property or enclosed)

4. Electrical Appliances and furniture

Please indicate whether you provide:

- | | | | |
|------------------------|--------------------------|--------------------------|--------------------------|
| Furniture? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Electrical Appliances? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4.1 Is all furniture you provide compliant with current fire safety regulations?

4.2 Are all the electrical appliances you provide compliant with current electrical safety regulations?

5. Tenancy Management

Please confirm whether you provide the following to the tenants:

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| a) Tenancy agreement/written details of terms of tenancy? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Rent book/receipts? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Repairs contact/procedure? (Please provide details and emergency numbers for all contractors) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
-

5.1 Please provide copies of current tenancy agreements

***6. Financial status**

A licence holder must have the financial arrangement necessary to ensure that the property is properly managed and maintained.

***6.1** Are you an undischarged bankrupt?

If yes please provide details: _____

Yes No Not known

***6.2** Are there any outstanding County Court judgements against you or any company of which you are director or secretary?

If yes please provide details: _____

If you do not hold a freehold interest or long lease with full repairing obligations please answer the following questions:

***6.3** Do you have power to carry out any works required by the local authority?

***6.4** Is there any financial limitation on the amount of work you can carry out?

***6.5** Please detail below the value of work you can carry out without further authorisation and the procedure which you must follow if works exceed this limit.

7. Any further information you feel will help us to assess your management skills or support your application should be provided here (please use a separate sheet if necessary).

Part 7: Declaration of applicant and licence holder

1 Declaration relating to service of notice of application

Please provide details of any other person having an interest in the property including any mortgagee, leaseholders, freeholders and any person who has agreed to be bound by a condition in the licence

I/We declare that I/We have served a notice of this application on the following persons who are the only persons known to me/us that are required to be informed that I/we have made this application.

Name _____ Signed _____ Date _____

Name _____ Signed _____ Date _____

Name _____ Signed _____ Date _____

Name _____ Signed _____ Date _____

Title:	Title:
Name:	Name:
Home Address:	Home Address:
Correspondence Address:	Correspondence Address:
Home tel: Work tel: Mobile:	Home tel: Work tel: Mobile:
e-mail:	e-mail:
Interest in property:	Interest in property:
Date of service of notice	Date of service of notice

Title:	Title:
Name:	Name:
Home Address:	Home Address:
Correspondence Address:	Correspondence Address:
Home tel: Work tel: Mobile:	Home tel: Work tel: Mobile:
e-mail:	e-mail:
Interest in property:	Interest in property:
Date of service of notice	Date of service of notice

Title:	Title:
Name:	Name:
Home Address:	Home Address:
Correspondence Address:	Correspondence Address:
Home tel: Work tel: Mobile:	Home tel: Work tel: Mobile:
e-mail:	e-mail:
Interest in property:	Interest in property:
Date of service of notice	Date of service of notice

Please note that it is a criminal offence to knowingly supply information which is false or misleading for the purposes of obtaining a licence. Evidence to substantiate any statements made in this application may be required at a later date. If we subsequently discover something which is relevant and which you should have disclosed, or which has been incorrectly stated or described, your licence may be cancelled or other action taken. Operating an HMO which should be licensed without a licence is an offence liable to a fine not exceeding £20,000. In addition, a Residential Property Tribunal may make a rent repayment order requiring you to repay any rents due during the period for which the property was unlicensed.

2 Declaration of applicant and licence holder

I/we declare that the information contained in this application is correct to the best of my/our knowledge. I/We understand that I/we commit an offence if I/we supply any information to a local housing authority in connection with any of their functions under any of Parts 1 to 4 of the Housing Act 2004 that is false or misleading and which I/we know is false or misleading or I am/we are reckless as to whether it is false or misleading.

Name _____ Signed _____ Date _____

Name _____ Signed _____ Date _____

Name _____ Signed _____ Date _____

Name _____ Signed _____ Date _____

Data Protection Act 1998 Notification Clause

The information you have provided on this form will be used to process your application for a licence for a House In Multiple Occupation. It will be held securely and used in connection with your application.

All or part of the information provided may be disclosed or supplied to external organisations or bodies e.g. Courts, Bailiffs, Department of Works and Pensions, Inland Revenue and any other charging authority that are legally entitled to the information and may also be disclosed to the Council's external auditors for the following purposes;

- the prevention or detection of crime;
- the apprehension or prosecution of offenders;
- the assessment or collection of any tax or duty in any case where failure to disclose would be likely to prejudice any of those matters;
- data matching initiatives with other statutory bodies for the purposes of fraud prevention and detection.

All or part of the information you have provided may also be used for electoral registration purposes and by other Departments of the Council for purposes connected with the collection of Council debts or to assist in other statutory functions such as Environmental Health or Planning.

The Council may check information provided by you or information about you provided by a third party against other information held by the Council. The Council may also obtain information from third parties or provide information to them to check the accuracy of information supplied by you to the Council.

The Council may make a search (including making enquiries about principal directors) with a Credit Reference Agency. The Credit Reference Agency will keep a record of that search and may share the information with other businesses.

DECLARATION

I am/ We are aware that the Council will create and maintain computer and paper records on me and that these records will be processed in accordance with the Data Protection Act 1998 and may be used for the purposes detailed above, both internally within the Council and to external organisations/bodies.

Signed.....

Signed.....

Date.....

Date.....

All personal data is kept accurate, up to date and secure to prevent accidental loss destruction or damage. The extent of the measures taken by the Council will depend upon the sensitivity of the information. Personal data will not be kept for longer than is necessary for their purpose.

You have a right of access to your personal data and the right to check and correct the information and may pursue a query or complaint on matters related to your personal data.. Further information on your rights may be obtained by contacting The Data Protection Officer, Dartford Borough Council Civic Centre Home Gardens Dartford Kent DA1 1DR Tel: 01322 343634, Fax: 01322 343422 , Email: dataprotection@dartford.gov.uk ,Website: <http://www.dartford.gov.uk>

Information On Disclosure And Spent Offences

Under the Housing Act 2004, licence holders and managers of houses in multiple occupation must be fit and proper persons to undertake the responsibilities of running them. In order to assist the Council in making proper assessment of your suitability, you are asked to provide details about previous convictions for criminal offences. Under the Rehabilitation of Offenders Act 1974, you are not required to provide details about previous convictions which are "spent". A conviction becomes spent after a certain length of time, which changes depending upon the sentence and your age at the time of conviction. (The periods are halved if the conviction took place when you were aged 17 or less).

Sentence	Period of good conduct needed for conviction to be spent
6 months to 2½ years imprisonment	10 years
Less than 6 months' imprisonment	7 years
Borstal Training	7 years
A fine or Community Services Order	5 years
Probation Order, Conditional Discharge, or Bind Over	1 year
An Absolute Discharge	6 months

Note:

If a person is sentenced to more than 2½ years in prison, his/her conviction can never become "spent".

Any information given will be treated as confidential and used only in connection with this application.

If you have any doubts about whether you have to declare a previous conviction, you should contact your local Probation Office or the Citizens' Advice Bureau or your Solicitor.

Disclosure

The company below can provide a basic disclosure which contains details of unspent convictions personal to an applicant. This type of disclosure is only issued to the applicant and may be used more than once.

Contact details:

Address: PO Box 250
Glasgow, G511 1YU

Tel. no: 0870 609 6006
Fax: 0870 609 6996

e-mail: info@disclosurescotland.co.uk

Web: www.disclosurescotland.co.uk

If you require this information in large print, Braille, on audiotape or in any other format please contact us on

Checklist of enclosures

1. Fee enclosed or payment receipt number provided
2. Proof of address
3. Completed sketch plan/enclosed copies of pre-existing plans
4. Planning/Building Regulation Consent/certificates *
5. Fire precaution system test certificate*
6. Emergency lighting test certificate*
7. Service contract for alarm and lighting systems*
8. Gas Safety Certificate*
9. Electrical safety certificate*
10. Copy of Tenancy Agreement/Written Terms
11. Signed declarations in Part 7
12. Signed Data Protection Declaration

* If applicable/available