



**Mansfield District Council**  
*Creating a District where People can Succeed*

**For office use only**

**Date received:**

**Ref:**

## House in Multiple Occupation (HMO) Licence Application

**Housing Act 2004, Part 2**

**Please use a black pen and make sure every section is completed fully.**  
**If a question is not applicable write N/A in the box.**

If you need to provide additional information requiring more space than that made available on the form, please state in the relevant box that there is additional information and include it on separate sheets, writing the address of the property and the relevant section on each page.

If there is more than one house or flat in multiple-occupation that needs to be licensed, you will need to complete separate application forms.

**Type of application** (please tick appropriate box)

First time licence

☐

Renewal of licence

☐

Variation of an existing licence

☐

**Address of house to be licensed**

Postcode:

### Applicant and proposed licence holder

The applicant should be the proposed licence holder (although the licence can be granted to someone else if both the applicant and that person agree). They must be the most appropriate person to be the licence holder. Usually this will be the person in control of, or the person managing, the property. This could be the freeholder or any other owner or lessee who receives rent or other payments (whether directly or through an agent or trustee) from tenants or lodgers in the property.

Name

Address


**Telephone numbers**

Home

Work

Mobile

Fax

Email

Address

If a company, please give name of contact and position in company

**If this application is being dealt with by a person who is not the proposed licence holder, please provide contact details**

Name

Address


**Telephone numbers**

Home

Work

Mobile

Fax

Email

Address

If a company, please give name of contact and position in company

**Manager details**

Has an agent/manager been employed to manage the property?

Yes

☐

No

☐

If yes complete section below

Name

Address

  
**Telephone numbers**

Home

Work

Mobile

Fax

Email

Address

If a company, please give name of contact and position in company

**Ownership / interested parties**

Freeholder

Name

Address

Tel.

Number

Email

If a company, please give name of contact and position in company

**Mortgagor**

Name

Address

  
Tel.  
Number

Email

If a company, please give name of contact and position in company

**Leaseholder**

Name

Address

  
Tel.  
Number

Email

If a company, please give name of contact and position in company

**Any other relevant person**

This includes other persons with an interest in the property, such as mortgagees, trustees and other leaseholders or tenants in occupation with an unexpired lease of more than three years. Also, if any person has agreed to be bound by a condition of the licence, if granted, please insert their details here.

Name

Address

  
Tel.  
Number

Email

Their interest in the property

If a company, please give name of contact and position in company

**Property information****Property type:**

House in multiple occupation

☐

Flat in multiple occupation

☐

House converted into self-contained flats or bedsits

☐

Other, please describe

**Age of property**

Pre 1919

☐

1919-1944

☐

1945-1964

☐

1965-1980

☐

1981-1991

☐

Post 1991

☐

**Number of storeys in the property**

1  2  3  4  5  6+

(Include habitable basements and attics and storeys in commercial use)

**Number of rooms**

Number of habitable rooms in the whole premises

(Include bedrooms and living rooms but not kitchens, bathrooms and WCs)

**Flats and bedsits**

Number of 'self contained' flats

Number of bedsits or bedrooms

**Occupiers and households**

Number of people living in the whole house

Number of households living in the whole house

**Fire safety**

Does the property have a system of fire detection?

Yes  No

If yes, does it include any of the following?

a) Fire alarm control panel?

Yes  No

b) Heat detectors in the kitchens?

Yes  No

c) Smoke detectors in the rooms?

Yes  No

Are these battery powered?

Yes  No

d) Smoke detectors in the common parts?

Yes  No

Are these battery powered?

Yes  No

e) Alarm sounders on each floor?

Yes  No

f) Emergency lighting?

Yes ☐ No ☐

How often is the above system tested?

g) Does the property have fire doors fitted to the rooms that open onto the staircase?

Yes ☐ No ☐

Does the property have the following fire safety equipment?

a) Fire blankets in all kitchens?

Yes ☐ No ☐

b) Fire blankets in shared kitchens only?

Yes ☐ No ☐

c) Fire extinguishers in the common stairways?

Yes ☐ No ☐

Has the fire safety equipment been serviced in the last 12 months?

Yes ☐ No ☐

Do you provide any fire safety training to occupants?

Yes ☐ No ☐

If yes please give details

### Gas safety

Are there any gas appliances in the property?

Yes ☐ No ☐

If yes, do the appliances meet all legal safety requirements?  
Have they been checked within the last year and issued with Gas Safety Certificates?

Yes ☐ No ☐

### Furniture safety

Do you provide upholstered furniture within the lettings?

Yes ☐ No ☐

If yes, does all the furniture comply with the Furniture and Furnishings (Fire Safety) Regulations 1988?

Yes ☐ No ☐

## Kitchen Facilities

Please confirm details of kitchen facilities for shared use within the HMO

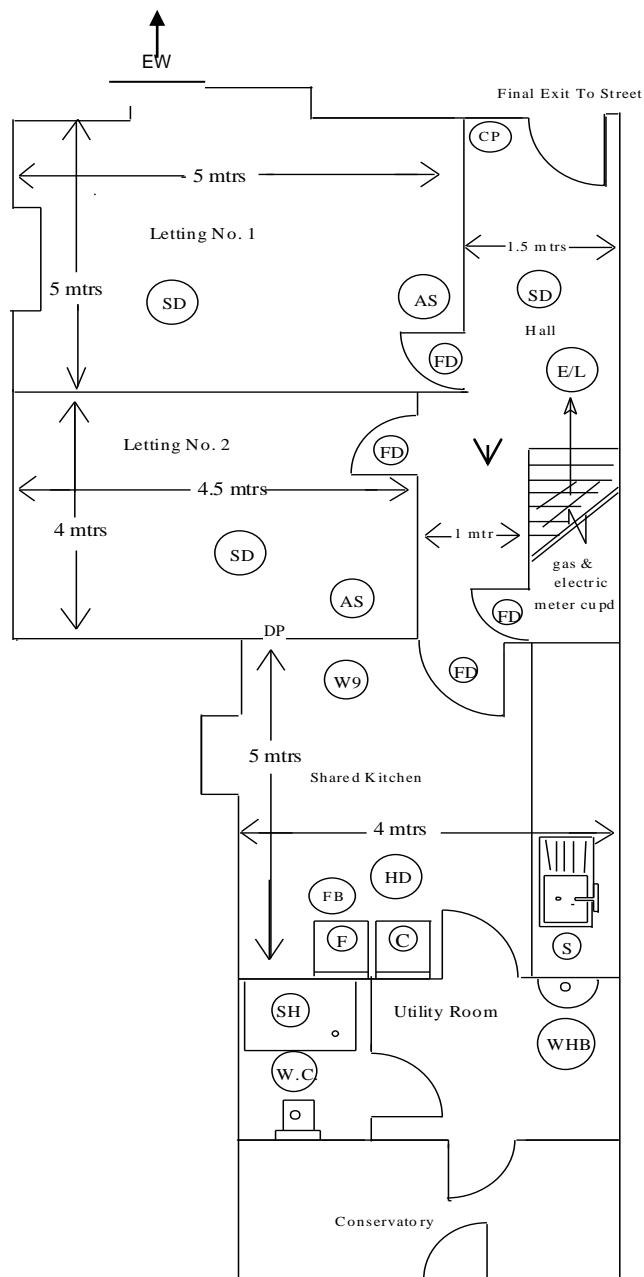
	<b>Mansfield District Council Amenity Requirements</b>	<b>Shared kitchen facilities within HMO</b>
Cooker	Oven, grill and 4 ring cooker for every 5 occupants	
Combination Microwave	Optional – may allow extra sharing of cooking facilities at the Councils discretion.	
Kitchen sink	A sink on base unit with drainer with hot and cold water supply for every 5 occupants.	
Dishwasher	Optional – may allow extra sharing of kitchen sink facilities at the Councils discretion.	
Worktop	Depth – min 500mm Length – 0.5m per person for first 3 occupants plus 0.25m for each additional occupier	
Electrical sockets over worktop	At least 4 sockets for every 5 occupants(excluding those in use for fridge, washing machine etc.) Increase number proportionately for extra occupants.	
Dry food storage	Single wall unit or single base unit for each occupant	
Fridge (with freezer compartment or separate freezer)	Standard size fridge (119litre) with freezer compartment for every 3 occupants.	
Refuse disposal	At least one 20 litre plastic or metal container for each group of 5 occupants or part thereof	
Ventilation	A mechanical extraction fan in accordance with Building Regulation requirements	



**Lettings and amenities**  
**Letting rooms (bedsits etc.)**

Room number	Location	Number of habitable rooms in letting (exclude kitchens and bathrooms)	Wash hand basin in letting (Yes/No)	Toilets (state if shared with other households or exclusive use)	Baths/ Showers (state if shared with other households or exclusive use)	Kitchens, including a sink (state if shared with other households or exclusive use)
Example Room One	First floor front	2	Yes	One shared	One exclusive	One exclusive

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.



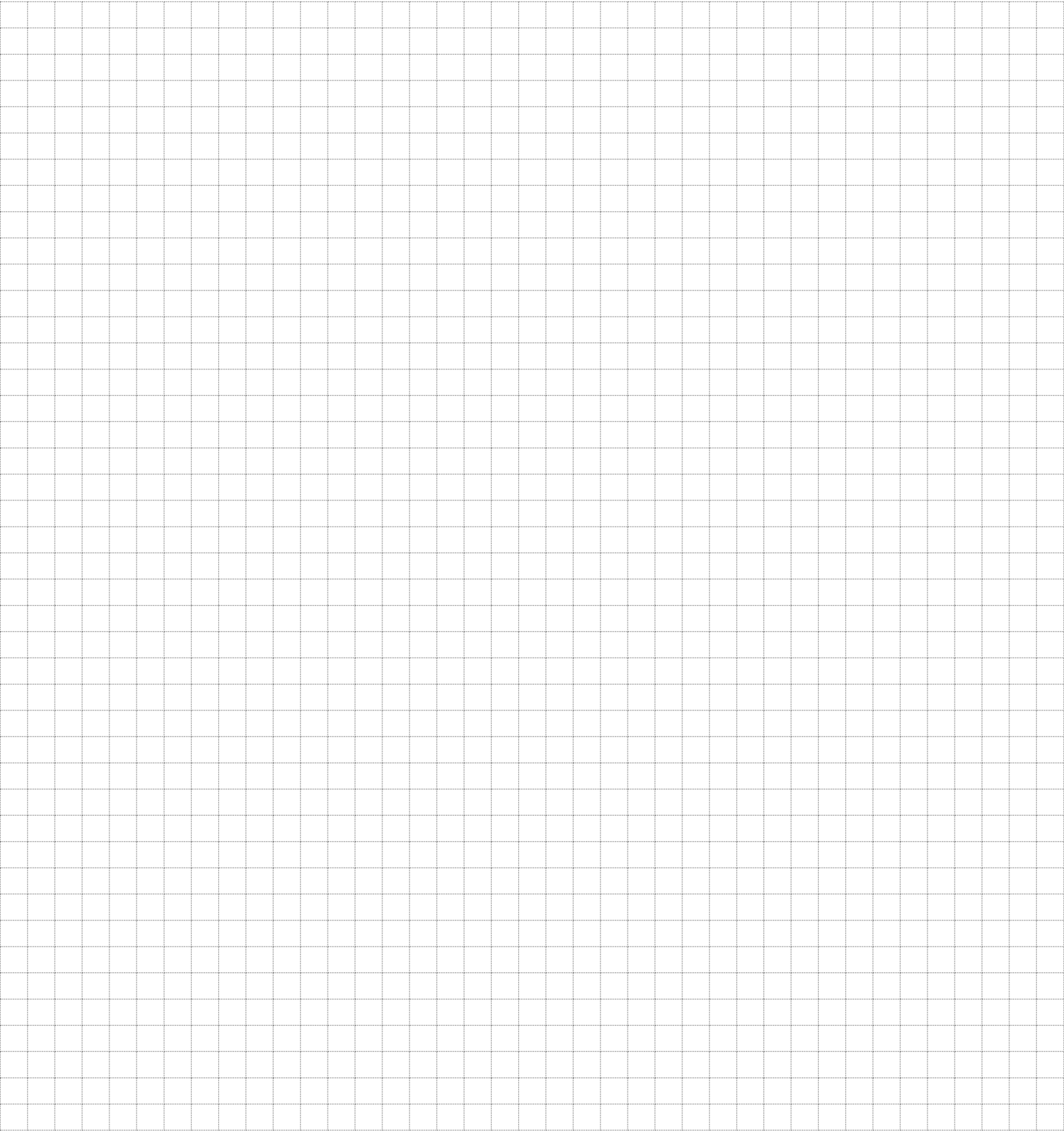
### Key of symbols to be used on plan

<b>FD</b>	Fire door
<b>EW</b>	Escape window
<b>EL</b>	Emergency lighting
<b>CP</b>	Manual call point
<b>FAP</b>	Fire alarm control panel
<b>SD</b>	Smoke detector linked to whole house system
<b>HD</b>	Heat detector linked to whole house system
<b>AS</b>	Alarm sounder linked to whole house system
<b>SA</b>	Combined smoke detector/alarm, maybe linked or stand-alone
<b>HA</b>	Combined heat detector/alarm, maybe linked or stand-alone
<b>FB</b>	Fire blanket
<b>WE</b>	Water extinguisher
<b>FE</b>	Foam extinguisher
<b>DP</b>	Dry powder extinguisher
<b>SH</b>	Shower
<b>B</b>	Bath
<b>WC</b>	Toilet
<b>WHB</b>	Wash-hand basin
<b>C</b>	Cooker
<b>S</b>	Sink
<b>F</b>	Fridge
<b>GB</b>	Gas Boiler

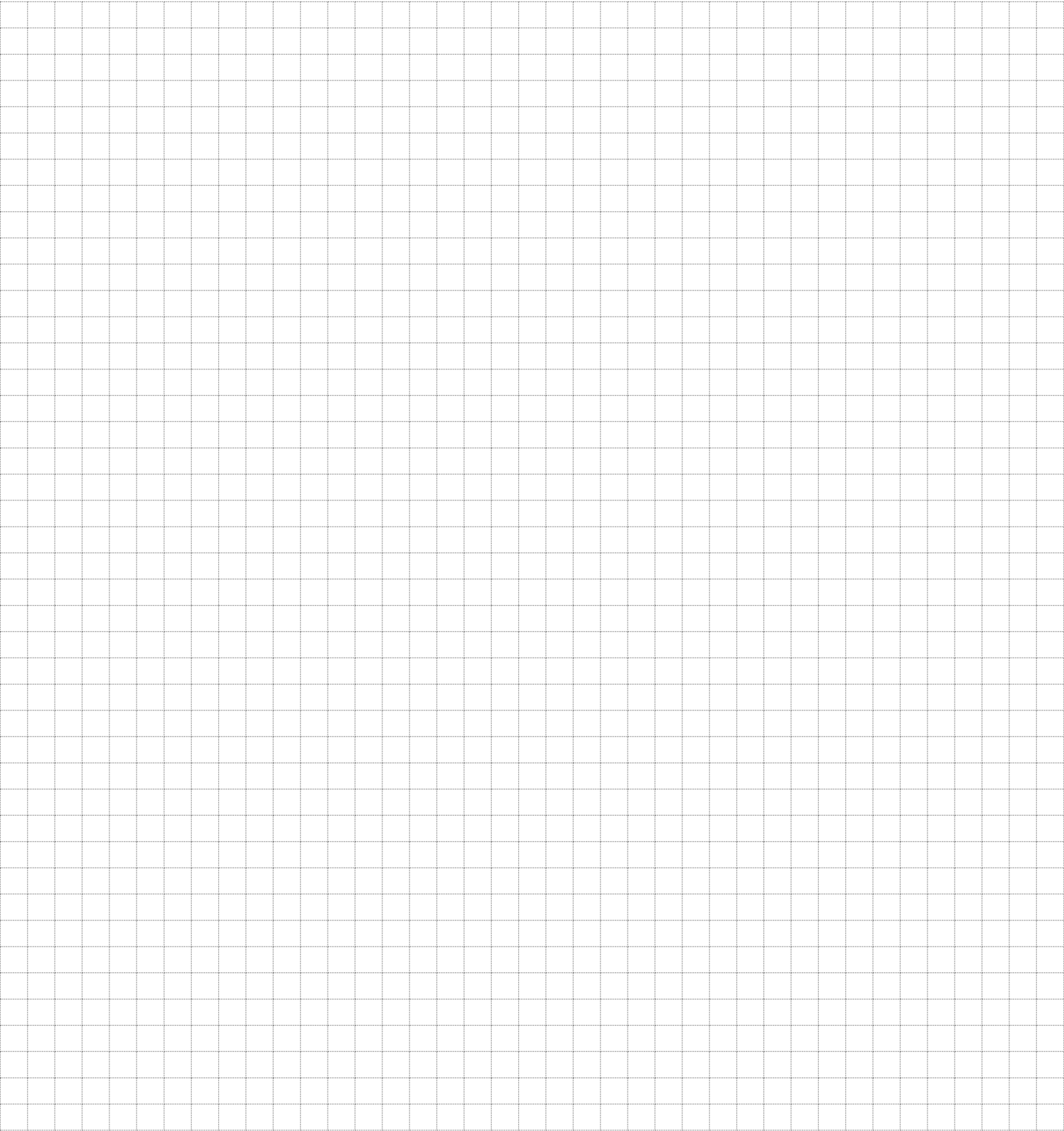
### EXAMPLE GROUND FLOOR PLAN

**NOTE:** All fastenings to doors required for escape purposes must be thumb-turn type locks, easily openable from the inside without the use of a key

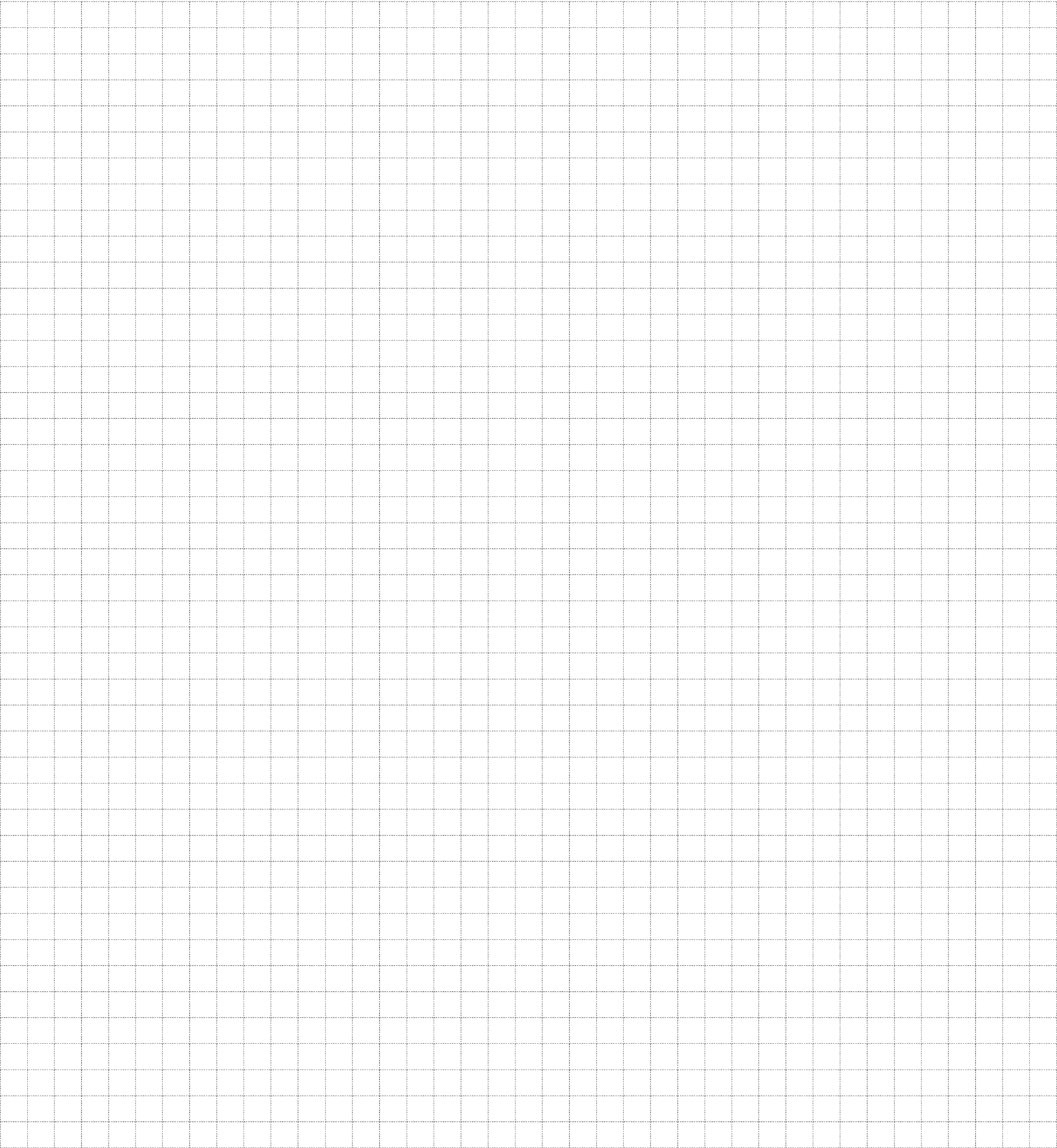
Sketch Plan



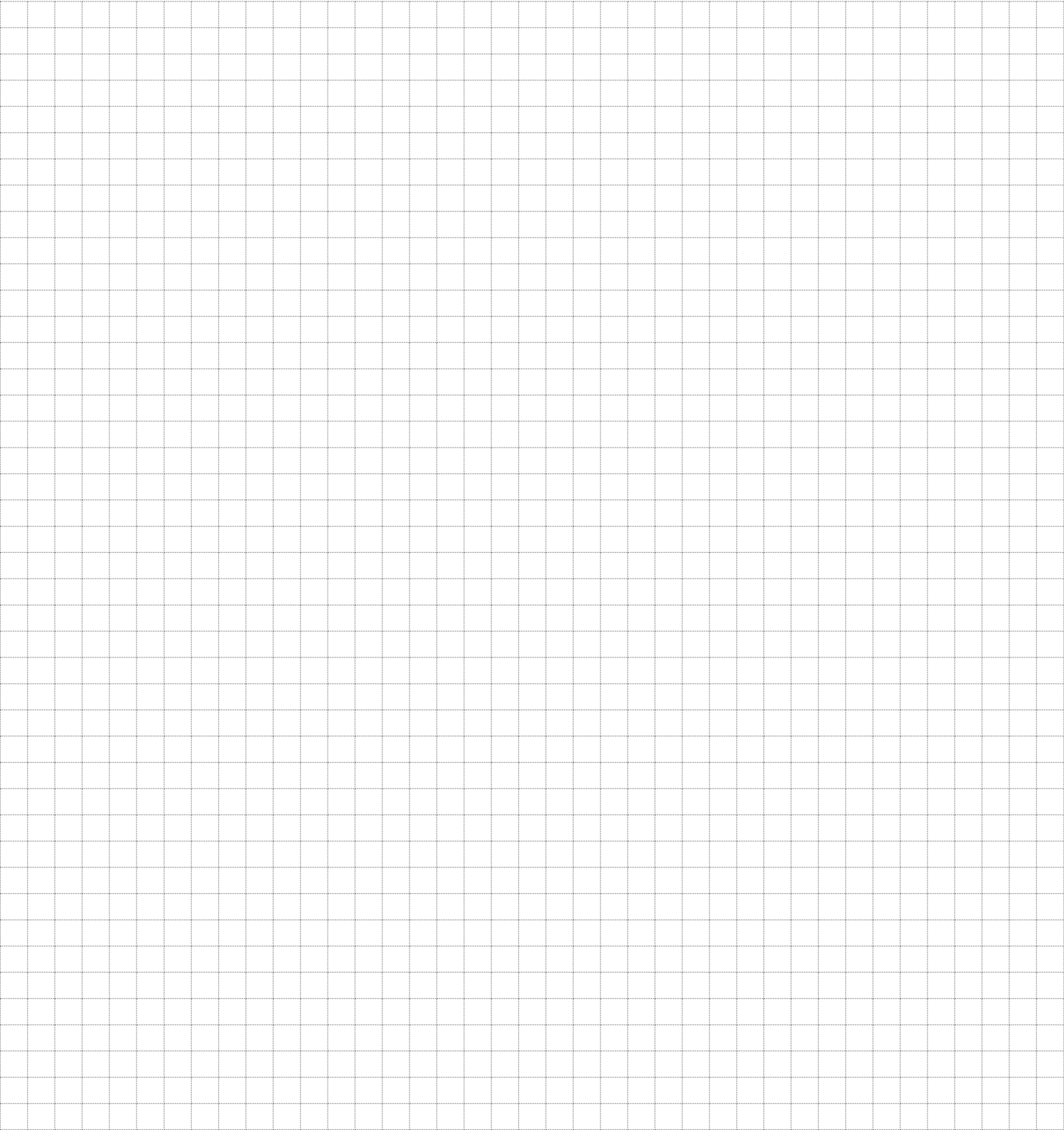
Sketch Plan



Sketch Plan



Sketch Plan



**Property management**

The Local Housing Authority is required to ensure that there are satisfactory management arrangements for the property. To enable this, please answer the following:

Are there regular inspections for maintenance at the property? Yes ☐ No ☐

If yes, how often?

Who carries them out?

Are there arrangements in place to deal with emergency repairs at the property?

Yes ☐ No ☐

If yes, what are these arrangements? (How do the tenants know who to contact, how do they contact them and what is their role?)

Is there provision for 24-hour contact for occupiers of the property in case of emergency?

Yes ☐ No ☐

If yes, specify the names and numbers of the contacts?

## Fit and Proper Person

### Notes

The Local Housing Authority must be satisfied that the licence applicant and the manager are fit and proper persons to hold a licence or to manage a House in Multiple Occupation. To enable the Local Housing Authority to satisfy this legal requirement, please answer the following questions.

If the manager and the licence applicant are two different people, then each should complete this section using the relevant column below. If they are the same person, only the column for the licence holder need be completed.

You do not have to disclose convictions that are spent under the Rehabilitation of Offenders Act 1974.

1. Have you or anyone associated with you been convicted of an offence involving the following:

	Licence applicant				Manager			
a) Fraud	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
b) Dishonesty	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
c) Violence	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
d) Drugs	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
e) Sexual offences listed in the Sexual Offences Act 2003, Schedule 3	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

2. Have you or anyone associated with you been found by a court or tribunal to have been involved with any unlawful discrimination (in, or in connection with the carrying out of any business) on grounds of:

	Licence applicant				Manager			
a) Sex	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
b) Colour	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
c) Race	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
d) Ethnic or national	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>



e) Disability

Yes

☐

No

☐

Yes

☐

No

☐

3. Have you or anyone associated with you contravened any provision of housing, public health or landlord and tenant law (including Part 3 of the Immigration Act 2016), during the last 5 years, whilst in control of a property that:

**Licence applicant**

**Manager**

a) Was subject to proceedings by Local Authority

Yes

☐

No

☐

Yes

☐

No

☐

b) Had to have works in default carried out by the Local Authority

Yes

☐

No

☐

Yes

☐

No

☐

c) Was subject to a Control Order

Yes

☐

No

☐

Yes

☐

No

☐

d) Was subject to a Management Order

Yes

☐

No

☐

Yes

☐

No

☐

e) Has been refused a licence or breached conditions of a licence

Yes

☐

No

☐

Yes

☐

No

☐

f) Has been the subject of any other successful prosecution under the above legislation?

Yes

☐

No

☐

Yes

☐

No

☐

g) Or have you acted in contravention of any relevant Approved Code of Practice?

Yes

☐

No

☐

Yes

☐

No

☐

4. Do you or anyone associated with you require leave to enter or remain in the United Kingdom but does not have it?

**Licence applicant**

**Manager**

Yes

☐

No

☐

Yes

☐

No

☐

5. Are you or anyone associated with you insolvent or an undischarged bankrupt?

**Licence applicant**

**Manager**

Yes

☐

No

☐

Yes

☐

No

☐

If you have answered **YES** to any questions above, please give details (including dates):

.....

.....

.....

.....

.....

It is a criminal offence if you supply information to the Local Housing Authority that you know is false or misleading, or you are reckless as to whether or not it is false or misleading. A person who supplies you with information that they know will be used in this application may commit a criminal offence if they know it is false or misleading or they are reckless as to whether or not it is false or misleading. This may result in legal action being taken against you or that other person and your licence being revoked. If you are convicted of such an offence, you may be liable to a fine of level 5 on the standard scale.

**Both the applicant and the manager need to sign and date the declaration below**

<p>I declare I am the applicant and to the best of my knowledge and belief that I have answered all questions in the Fit and Proper Person section above truthfully and that this statement is valid on the date of application.</p> <p><b>Signed:</b></p>	<p>Print name:</p>
<p>Company name (if applicable):</p>	
<p>Position in company (if applicable):</p>	
<p>Date:</p>	

<p>I declare I am the manager and to the best of my knowledge and belief that I have answered all questions in the Fit and Proper Person section above truthfully and that this statement is valid on the date of application.</p> <p><b>Signed:</b></p>	<p>Print name:</p>
<p>Company name (if applicable):</p>	
<p>Position in company (if applicable):</p>	
<p>Date:</p>	

**Other licensed Houses in Multiple Occupation**

Does the proposed licence holder hold a licence for any other Houses in Multiple Occupation or any other rented properties licensed under the Housing Act 2004, Parts 2 or 3?

Yes

☐

No

☐

If yes, please provide the addresses of these properties, and details of the Local Housing Authority that issued the licence. (Please continue on a separate sheet if necessary)

Address of Licensed Properties and Name of Licensing Authority

**Notification to all relevant parties**

You must let certain persons know in writing that you have made an application for a House in Multiple Occupation Licence under Part 2 of the Housing Act 2004. These are:

- Any mortgagee of the property
- Any owner of the property, if that is not you
- Any other person who is a tenant or a long leaseholder of the property or any part of it 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 that is not you
- Any person who has agreed to be bound by any conditions in the licence if granted

You must inform each of these persons in writing that you are applying for a licence for a House in Multiple Occupation and include:

- Your name, address, telephone number, email address (if any), fax (if any)
- The contact details for the applicant/proposed licence holder
- The address of the House in Multiple Occupation
- The names and address of the Local Housing Authority to which the application is to be made
- The date the application will be submitted

Alternatively you can send or give them a copy of the completed application form.

**Please complete the table below and sign the declaration.**

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. If there are no other interested parties, then please insert 'none' in the table and sign the declaration.

Name	Address	The person's interest in the property or application	Date of service

**Signed**

**Print Name**

**Position**

**Date**

## Declarations by licence applicant and proposed licence holder only

I/we, the proposed licensee, 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/we are reckless as to whether it is false or misleading.

Signed

Print name

For, on behalf of (state company name, if applicable)

Date

## Please send completed form to:

Private Sector Housing, Mansfield District Council, Civic Centre, Chesterfield Road South,  
Mansfield, Nottinghamshire, NG19 7BH

If you have an electronic version of your completed form, it would be helpful if you could also email it to [adminpsh@mansfield.gov.uk](mailto:adminpsh@mansfield.gov.uk)

Payment can be made by debit or credit card. Please contact the Private Sector Housing team on 01623 463212 to arrange for payment. An application will not be considered to have been duly made unless payment has been received.

<b>Enclosures</b>		
<b>a.</b>	<b>Evidence of residential/business address of proposed licence holder/manager (Note 4)</b>	<input type="checkbox"/>
<b>b.</b>	<b>Building Regulations completion certificate and planning consents – if applicable</b>	<input type="checkbox"/>
<b>c.</b>	<b>Current fire alarm test certificate</b>	<input type="checkbox"/>
<b>d.</b>	<b>Current emergency lighting system test certificate</b>	<input type="checkbox"/>
<b>e.</b>	<b>Service contract for alarm and fire systems</b>	<input type="checkbox"/>
<b>f.</b>	<b>Current landlord's Gas Safety Certificate</b>	<input type="checkbox"/>
<b>g.</b>	<b>Most recent periodic test certificate for the electrical installation</b>	<input type="checkbox"/>
<b>h.</b>	<b>Most recent PAT certificate – if applicable</b>	<input type="checkbox"/>
<b>i.</b>	<b>Fire Safety Risk Assessment, if applicable</b>	<input type="checkbox"/>
<b>j</b>	<b>Licensing fee. For fee and methods of payment, please see attached sheet</b>	<input type="checkbox"/>