



Application to license a House in Multiple Occupation [HMO]

Please read the Guidance Notes accompanying this application form before completing.

This form is to be used when you want to apply for a licence for a House in Multiple Occupation. **Please read these notes carefully before making an application. It is your responsibility to fully support your application with appropriate documentation.**

Answer all questions unless directed otherwise.

IMPORTANT:

It is a criminal offence to make a false statement in an application for an HMO licence, or to fail to comply with any licence condition, or to permit the property to be occupied by more than the permitted number of persons/households.

It is your responsibility to ensure that the application reaches us. You are strongly recommended to obtain proof of postage as well as ensuring that you keep a copy of your completed application and any supporting documents.

Applications should be submitted electronically to privatesectorhousing@stalbans.gov.uk

or by mail to: Private Sector Housing Team, St Albans City and District Council, Civic Centre, St Peter's Street, St Albans, Hertfordshire, AL1 3JE

Telephone No: 01727 819 355

Privacy Notice

This privacy notice explains how St Albans City & District Council (the Data Controller) will use any personal information we collect about you when you use our services.

We will use your information for the purposes we have set out; keep it securely; destroy it when we no longer need it; tell you the rights applicable to this personal information and how to exercise them; tell you who to complain to.

All this information is set out in full on the privacy notice with this form.

Please read the privacy notice for more details.

Housing Act 2004 (Part 2)

MANDATORY HMO LICENCE APPLICATION FORM

ADDRESS OF HMO:

SECTION 1 (Personal Information)

APPLICANT:	
Full name (State position in the company/partnership trust if applicable):	
Please circle your preferred title of address: Mr Mrs Miss Ms Other:-	
Date of birth:	
Address (Provide the address of principal/registered office if a company or trust and where applicable company registration number):	
Telephone number:	Email:
PROPOSED LICENCE HOLDER: (if different from the applicant)	
Full name (State position in the company/partnership trust if applicable):	
Please circle your preferred title of address: Mr Mrs Miss Ms Other:-	
Date of birth:	
Address (Provide the address of principal/registered office if a company or trust and where applicable company registration number):	
Telephone number:	Email:

MANAGER:	
Full name (State position in the company/partnership trust if applicable):	
Please circle your preferred title of address: Mr Mrs Miss Ms Other:-	
Date of birth:	
Address (Provide the address of principal/registered office if a company or trust and where applicable company registration number):	
Telephone number:	Email:
PERSON HAVING CONTROL OF THE HMO:	
Full name (State position in the company/partnership trust if applicable):	
Please circle your preferred title of address: Mr Mrs Miss Ms Other:-	
Date of birth:	
Address (Provide the address of principal/registered office if a company or trust and where applicable company registration number):	
Telephone number:	Email:
ANY OTHER PERSON WHO HAS AGREED TO BE BOUND BY ANY CONDITION CONTAINED IN THE LICENCE:	
Full name (State position in the company/partnership trust if applicable):	
Please circle your preferred title of address: Mr Mrs Miss Ms Other:-	
Date of birth:	
Address (Provide the address of principal/registered office if a company or trust and where applicable company registration number):	

Telephone number:	Email:

OWNER OF THE PROPERTY:	
Full name (State position in the company/partnership trust if applicable):	
Please circle your preferred title of address: Mr Mrs Miss Ms Other:-	
Date of birth:	
Address (Provide the address of principal/registered office if a company or trust and where applicable company registration number):	
Telephone number:	Email:

LICENCE HOLDER - FIT & PROPER PERSON DECLARATION:	
The Local Authority must have regard amongst other things to the following matters in relation to any person who will be the licence holder: (a) details of any unspent convictions that may be relevant to the proposed licence holder's fitness to hold a licence, or the proposed manager's fitness to manage the HMO or house, and, in particular any such conviction in respect of any offence involving fraud or other dishonesty, or violence or drugs or any offence listed in Schedule 3 to the sexual Offenders Act 2003 (offences attracting notification requirements); (b) details of any finding by a court or tribunal against the proposed licence holder or manager that he has practised unlawful discrimination on grounds of sex, colour, race, ethnic or national origin or disability in, or in connection with, the carrying on of any business; (c) details of any contravention on the part of the proposed licence holder or manager of any provision of any enactment relating to housing, public health, environmental health or landlord and tenant law which led to civil or criminal proceedings resulting in a judgement being made against them. (d) information about any HMO or house that the proposed licence holder or manager owns or manages or has owned or managed which has been the subject of – (i) a control order under section 379 of the Housing act 1985 in the five years preceding the date of the application; or (ii) any appropriate enforcement action described in section 5(2) of the Housing Act 2004.	

(e) information about any HMO or house the proposed licence holder or manager owns or manages or has owned or managed for which a local housing authority has refused to grant a licence under Part 2 or 3 of the Housing Act 2004, or has revoked a licence in consequence of the licence holder breaching the conditions of their licence; and

(f) information about any HMO or house the proposed licence holder or manager owns or manages or has owned or managed that has been the subject of an interim or final management order under the Housing Act 2004.

Do any of the above apply? No ☐ Yes ☐

If yes, please indicate which and give details of the matter and date of the event below:

MANAGING AGENT - FIT & PROPER PERSON DECLARATION

The Local Authority must have regard amongst other things to the following matters in relation to any person who will be the manager:

(a) details of any unspent convictions that may be relevant to the proposed licence holder's fitness to hold a licence, or the proposed manager's fitness to manage the HMO or house, and, in particular any such conviction in respect of any offence involving fraud or other dishonesty, or violence or drugs or any offence listed in Schedule 3 to the sexual Offenders Act 2003 (offences attracting notification requirements);

(b) details of any finding by a court or tribunal against the proposed licence holder or manager that he has practised unlawful discrimination on grounds of sex, colour, race, ethnic or national origin or disability in, or in connection with, the carrying on of any business;

(c) details of any contravention on the part of the proposed licence holder or manager of any provision of any enactment relating to housing, public health, environmental health or landlord and tenant law which led to civil or criminal proceedings resulting in a judgement being made against them.

(d) information about any HMO or house that the proposed licence holder or manager owns or manages or has owned or managed which has been the subject of –
 (i) a control order under section 379 of the Housing act 1985 in the five years preceding the date of the application; or
 (ii) any appropriate enforcement action described in section 5(2) of the Housing Act 2004.

(e) information about any HMO or house the proposed licence holder or manager owns or manages or has owned or managed for which a local housing authority has refused to grant a licence under Part 2 or 3 of the Housing Act 2004, or has revoked a licence in consequence of the licence holder breaching the conditions of their licence; and

(f) information about any HMO or house the proposed licence holder or manager owns or manages or has owned or managed that has been the subject of an interim or final management order under the Housing Act 2004.

Do any of the above apply? No ☐ Yes ☐

NAME & ADDRESS OF MANAGING AGENT:

.....

If yes please indicate which and give details of the matter and date of the event below:

Section 1 - DECLARATION 1

You must let certain persons know in writing that you have made this application or give them a copy of it. The persons who need to know about it are:

- any mortgagee of the property to be Licenced
- 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 persons the following information:

- your name, address, telephone number and e-mail address (if any)
- the name, address, telephone number and e-mail address (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

Please supply the details of persons you have notified, in the following section

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	Address	Description of person's interest in the property or the application.	Date of Service

Section 1 - DECLARATION 2

This declaration is to be signed by anyone who agrees to be bound by a condition in the licence other than the proposed licence holder if the proposed licence holder is also the applicant. If the applicant is not the proposed licence holder, then the applicant must ensure the following declaration is signed by the proposed licence holder.

I declare that I/we agree to be bound by a condition to be contained in the licence.

Name	Correspondence Address	Signature & Date

Section 1 - DECLARATION 3

If you fail to sign the following declaration your application will be returned to you as being incomplete and you may incur a financial penalty as a result of any additional administration the Council has to undertake.

Please note that it is a criminal offence to knowingly or recklessly supply information which is false or misleading for the purposes of obtaining a licence. Evidence of any statement made in this application with regard to the property concerned may be required at a later date. If the Council 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 including criminal prosecution.

I/we declare that the information contained in Section 1 (Personal Information) of 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.

Name (Please Print):

Signed: (All applicants)

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Dated:

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Housing Act 2004 (Part 2)

MANDATORY HMO LICENCE APPLICATION FORM

Section 2 - Other Licenced Properties

You are required to list the addresses of all properties licensed under Part 2 or 3 of the Housing Act 2004, for which the proposed licence holder in this application is the licence holder.

Please include:-

- 1) Other licensed properties in the St Albans District.
- 2) Licensed properties in other local authority areas
- 3) If there are no such properties to declare, insert 'N/A' and sign the declaration below.

Address	Type of licence (eg.HMO; Selective, Additional)
Continue on a separate sheet if necessary (Please indicate if you have provided an additional sheet)	Y / N

If you fail to sign the following declaration your application will be returned to you as being incomplete and you may incur a financial penalty as a result of any additional administration the Council has to undertake.

Section 2 - DECLARATION TO BE COMPLETED BY THE APPLICANT.	
I/we declare that the information contained in Section 2 (Other licensed Properties) of 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.	
Name (Please Print):	
Signed:	
Dated:	

Housing Act 2004 (Part 2)

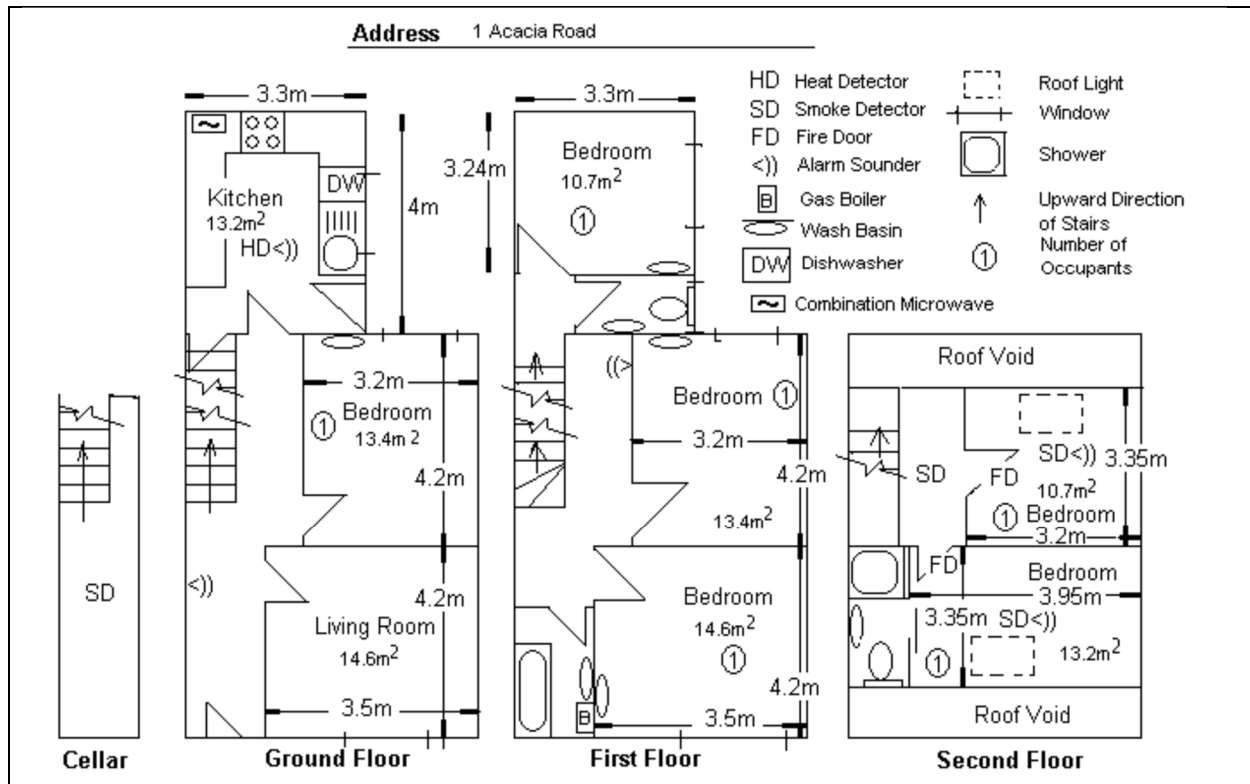
MANDATORY HMO LICENCE APPLICATION FORM

Section 3:

ADDRESS OF THE PROPERTY TO BE LICENSED:	
Proposed licence holder:	
Proposed manager:	
Type of HMO:	
☐ House in single occupancy	☐ House in multiple occupation
☐ Flat in single occupancy	☐ Flat in multiple occupation
☐ Purpose built block of flats	☐ Hostel
☐ House converted into and comprising solely of self contained flats	☐ Other – please specify
Description of property	
☐ Pre 1919	☐ 1919 - 1945
☐ 1945 – 1964	☐ 1965 - 1980
☐ Post 1980	

Property type	
☐ Detached house	☐ Mid - terraced
☐ Semi-detached house	☐ End terraced
☐ Converted flat	
Number of storeys – please tick all that apply	
☐ Basement / Lower ground floor	☐ Second floor
☐ Ground floor	☐ Third floor
☐ First floor	
If the property has a basement is it unoccupied? Y / N If not, state its use.	
How many habitable rooms are there in the property (excluding kitchens, toilets and bathrooms)? Note: habitable rooms include lounges, dining rooms, dining kitchens and bedrooms.	
Does the property have any other use other than for residential purposes (e.g. shop/office at ground floor level etc.)?	Y / N
Is there a resident landlord at this property?	Y / N
Is the proposed licence holder the resident landlord?	Y / N
Indicate the nature of the residential accommodation. If the accommodation comprises a mix of the following, tick all the relevant descriptions:	
Self contained letting units (flats or bedsit) - Occupants have exclusive use of kitchen, bath/shower and toilet facilities	☐

Non-self-contained flats units (flats or bedsits) - Occupants share use of kitchen, bath/shower and/or toilet facilities	☐
Shared house let to a group of people on a group letting agreement who share communal facilities such as kitchen facilities, common day space such as living room and/or dining room, bathroom & WC facilities	☐
Hostel type premises provided for on an emergency basis where residents do not have tenancy agreements or rights of occupation:- Fully supported hostel ☐ Other hostel ☐	
Number of separate letting units in the HMO:	
Number of households who will occupy the HMO (see guidance notes):	
Number of persons that you are applying for a licence to occupy the property	
Number of persons currently occupying the HMO:	
Number of household currently occupying the HMO:	
Do the occupiers present a higher risk due to factors such as limited mobility or alcohol/drug dependency?	Y / N
Floor Plans	
You must provide a floor plan otherwise your application will be returned to you as being incomplete. The floor plan may be a drawing or sketch but should indicate all rooms communal areas, stairways etc. and how they relate to each other. The floor plan must clearly indicate the use of each room and its approximate dimensions. See the notes below on taking measurements. The plan should indicate location of fire doors, details of the fire alarm system and any other fire precautions. The Council cannot use floor plans submitted with as part of an application in a previous licensing round.	
Example Plan:	



Dimensions of habitable rooms (including bedrooms, kitchens and lounge/dining areas.

Floor Level (e.g. basement, ground floor)	Room number	Description of room (e.g. kitchen, bedroom)	Approximate dimensions (e.g. 2.1m x 1.5m)	Total floor area (e.g. 3m ²)

Guidance on taking floor measurements:

Only practical useable living space must be measured. The following space is excluded:

- Area taken up by bathroom/wc facilities within the room
- Chimney breasts and small alcoves within the room
- Floor areas where the ceiling height is less than 1.9 metres
- Any floor area in the eaves of a room where the soffit height is less than 1.53 metres
- Area within a room occupied by the swing of a door
- Entrance lobby/corridor within a room
- Any floor space which for any other reason renders it un-useable by the occupant

Washing and sanitary facilities	
National minimum standards require the provision of at least one bathroom with fixed bath or shower for every 5 occupiers. Additionally, there must be at least one separate toilet with wash hand basin separate from a shared bathroom for every 5 occupiers. All bathrooms and toilets must be suitably located and bathrooms must be adequately heated.	
Indicate the total number of bathrooms/shower rooms with a WC	
Indicate the total number of bathrooms/shower rooms without a WC	
Are any of the bathrooms for the exclusive use of a particular let? (Not applicable to shared houses) If yes, please provide details:	Y / N
Total number of toilets in the property with wash hand basins including those in bathrooms/shower rooms:	
Are any of the toilets for the exclusive use of a particular let? (Not applicable to shared houses) If yes, please provide details:	Y / N
Total number of toilets available for shared use not included in a shared bathroom/shower room:	

Have all the toilets detailed in the question above been provided with a wash hand basin? If no please provide details of location:	Y / N												
Means of space heating to all bathrooms/shower rooms in the property.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">Description</th> <th style="width: 15%;">Floor</th> <th style="width: 50%;">Means of heating</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>		Description	Floor	Means of heating									
Description	Floor	Means of heating											
Note: If you propose to carry out any works regarding the above washing & sanitary facilities give details of the works and dates when it is proposed that these will be carried out:													
Kitchen facilities													
State the total number of shared kitchens in the property and give details of their location:													
Location of kitchen(s):													

Do all <u>shared</u> kitchens have:	Y / N
• A sink with a draining board	Y / N
• A constant supply of hot and cold water	Y / N
• A cooker with at least 4 rings/grill and oven	Y / N
• Other cooking facilities (e.g. microwave)	Y / N
☐ • Extractor fans	Y / N
• Fire blankets	Y / N
• Fire doors	Y / N

• Adequate fixed work tops for the preparation of food of at least 2m ² in size	Y / N
• Adequate refrigerators	Y / N
• Adequate dry food storage cupboards per occupant	Y / N
• Sufficient electric sockets	Y / N
If you have entered no to any of the above, please detail any work you intend to carry out and when:	
Do any units of accommodation have <u>their own</u> personal kitchen facilities	Y / N
If yes give details and location of the accommodation:	
If yes, advise how many units have these facilities:	
Does each unit with kitchen facilities have:	
• A sink with draining board	Y / N
• A constant supply of hot and cold water	Y / N
• A cooker with at least 2 rings	Y / N
• A cooker with a grill	Y / N
• A cooker with an oven	Y / N
• Other cooking facilities (e.g. microwave)	Y / N
• Extractor fans	Y / N
• Fire blankets	Y / N
• Fire doors	Y / N
• A fixed work top (of at least 1m ² in size)	Y / N

• A refrigerator	Y / N
• A food storage cupboard	Y / N
If you have entered 'no' to any of the above, please detail any work you intend to carry out to improve the facilities and when:	
The national minimum standards for HMOs require kitchens to be suitably located in relation to the living accommodation. Are dining facilities provided that are not more than one floor distant from the kitchen facilities (NB dining facilities may include living rooms)?	Y / N
If no, please detail any work you propose to carry out in the property to meet this requirement and when:	
Details of means of giving warning in case of fire	
Give details below of the automatic fire detection system (AFD) in place in the property	
Full hardwired interlinked AFD meeting requirements of an Grade A LD2 AFD System	Y / N
If 'no' to the above, please tick to indicate areas of coverage with hardwired system • Interlinked hardwired detectors to staircase enclosure • Interlinked hardwired detectors to living room • Interlinked heat detector to kitchen • Interlinked smoke detector to bedrooms • Interlinked smoke detector to basement/cellar If no hardwired detectors in the property, does it have single point battery operated detectors If yes, state how many single point battery operated detectors:	Y / N Y / N Y / N Y / N Y / N Y / N

Is the property provided with an emergency lighting system?				Y / N	
If yes, state where the emergency lighting units are positioned:					
Fire Doors:					
Room/Area	Is a fire door fitted	Is an overhead self-closing device fitted?	Are intumescent strips fitted?	Are cold smoke seals fitted?	
Kitchen(s)	Y / N	Y / N	Y / N	Y / N	
Living rooms	Y / N	Y / N	Y / N	Y / N	
Bedrooms	Y / N	Y / N	Y / N	Y / N	
Whole of the staircase enclosure	Y / N	Y / N	Y / N	Y / N	
Is the staircase enclosure of sound construction throughout the route of escape?				Y / N	
If no, state if there is any visible damage to the staircase enclosure:					
Where locks are fitted to the doors of units of accommodation/bedrooms, are these capable of being opened from the inside without the use of a key?				Y / N	
Do the stairs from first and second floors lead directly to the ground floor final exit without passing through a risk room (e.g. kitchen / dining / lounge / bedroom)?				Y / N	
If the answer is 'No' please state the room (s) which occupants must go through from the first and second floors in order to get to their final exit:					
Is a secondary means of escape provided for example a dedicated escape window at first floor level in addition to the normal protected route of escape?				Y / N	
If a secondary means of escape is provided at first floor level, can it be opened without the use of a key?				Y / N	

Are there any basement bedrooms (on a floor below the entrance level) in the property?	Y / N
If the answer to the above question is 'Yes' do occupants have to pass through a risk room (e.g. Kitchen / lounge / dining / bedroom) to get from their basement bedroom to their final exit?	Y / N
If the answer to the above question is 'Yes', what measures have been put in place to ensure an alternative means of escape has been provided to tenants sleeping in a basement bedroom:	
Give full details of the number of any fire blankets in the property and their location: If there is any work that you intend to carry out at the property to improve, upgrade or extend the current fire precautions. Provide full details of the nature and extent of those works and the date it is to be undertaken:	
Does the property have any security grilles to windows or external doors of the property	Y / N
If yes, are the grilles fixed secure or are they openable – please indicate whether they are: • Fixed • Openable • Key operated • Quick release	Y / N Y / N Y / N Y / N
Have all final exit doors from the property secure locks that can be opened from within without the use of a key	Y / N

Heating	
Indicate the heating provision in the property: • Gas fired central heating – full • Gas fired central heating – partial • Off peak night storage heater • Other electric heaters • Other – please specify	Y / N Y / N Y / N Y / N Y / N
If the property is provided with a combination of the above please tick for each provision. If other forms of heating are provided, please specify here:	
If there is any work that you intend to carry out at the property to improve or upgrade the current heating systems or insulation of the property, please give full details of the work and the date to be undertaken:	
Maintenance	
Is there a gas supply to the property? If Yes, the current Gas Safety legislation and Management Regulations require that an annual gas safety check is carried out. Is there a current gas safety certificate available? Please provide a copy of this as part of your application.	Y / N Y / N
Have the electrical installation and any fixed appliances been inspected and tested at intervals not exceeding five years by a person qualified to undertake such inspection and testing? If yes, please provide a copy as part of your application. If no, have you made any arrangements for testing to be carried out?	Y / N Y / N

If an interlinked fire alarm system is present, is it subject to an annual maintenance check by a competent person? If yes, please provide a copy of this as part of your application.	Y / N
If the property is fitted with emergency lighting system, is it subject to an annual maintenance check by a competent person? If yes, please provide a copy of this as part of your application.	Y / N
Is all the furniture supplied within the property and provided under the terms of the contract by the landlord/ licence holder/manager compliant with the Fire and Furnishings Regulations?	Y / N
General	
Does the tenancy agreement include any items in respect of anti-social behaviour? If so, please provide a copy of this as part of your application or state generally what the agreement says:	
Which government authorised tenancy deposit scheme, do you use to protect any tenancy deposit payments: • MyDeposits ☐ • Tenancy Deposit Scheme ☐ • Deposit Protection Service ☐ • No tenancy deposits are taken ☐	
Are there adequate financial arrangements available to the proposed licence holder to enable essential repairs to be carried out to the property or to fund improvements to the property to meet the National Minimum Standards or undertake essential fire precaution work or other works detailed in this application?	Y / N
Does the proposed licence holder have the power to carry out any works required by the local authority?	Y / N
Are there any occupants currently living at the property under the age of 16 years?	Y / N

If yes give the number and age of such children:	
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If you fail to sign the following declaration your application will be returned to you as being incomplete and you may incur a financial penalty as a result of any additional administration the Council has to undertake.

Section 3 - Property Details - DECLARATION.
Please note that it is a criminal offence to knowingly or recklessly supply information which is false or misleading for the purposes of obtaining a licence. Evidence of any statement made in this application with regard to the property concerned may be required at a later date. If the Council 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 including criminal prosecution. I/we declare that the information contained in Section 3 (Property Details) of 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. Name: (Print)..... Signed: Dated:

CHECKLIST:

Please ensure that the following documents are enclosed with this application form

Items which MUST be enclosed to make a valid application	
	Please tick if enclosed
One sketch plan of the premises with all room sizes in metres squared, the position of smoke/heat detectors and emergency lighting clearly marked and each room numbered.	
Two passport size photos of the applicant.	
Two passport size photos of the manager (if applicable)	
Current Landlords' Gas Safety Record signed by a Gas Safe registered gas engineer(if applicable)	
Portable Electrical Appliance Test (PAT) Certificate	
Current Electrical Installation Condition Report, Part P Completion or Domestic Installation Safety Certificate or Electrical Installation Certificate signed by a registered Member of NICEIC, ECA, NAPIT, ELECSA or STROMA	
Emergency Lighting Certificate (if applicable)	
Automatic Fire Detection System Certificate (Heat and Smoke Alarm)	
Statement of the safety of Furniture and Furnishings (included as part of the application form)	
Typical Tenancy Agreement	
Fire Safety Risk Assessments	

Planning Consents for building works / conversions (if applicable)	
Building Regulations Approval for building works / conversions (if applicable)	
Building Regulations Completion Certificates for building works / conversions (if applicable)	
The applicable HMO Licence Fee (currently £160 per resident)	
The following form part of the main application form but please check and tick all that apply	
Fit and proper person statement for the Owner	
Fit and proper person statement for the Person Having Control	
Fit and proper person statement for the Manager	
Fit and proper person statement for the Licence applicant	
Fit and proper person statement for the any Associates	

Licence Fees

The Council charges a fee for processing a licence application. The fee is £160 per person with a minimum fee of £800. The licence will last for up to 5 years. The fee must be paid in advance and can be paid by cash, card or cheque. When you pay your fee you should quote the address of the property to be licensed and code 2041 803 276.

Fees can be taken by telephone on 01727 866 100 extension 9221.

Privacy Notice for House in Multiple Occupation Licence Application

This privacy notice explains how St Albans City & District Council (the Data Controller) will use any personal information we collect about you when you use our services.

What information do we collect about you?

The information that the Council will collect varies depending on how you use the Council's Services. We are using the information provided in this case because we have a legal obligation (Art. 6(1)(c)). This means we collect your personal information from you so that we can carry out a function we are required by law to carry out. In this case we are collecting personal information so that we can provide you with a licence for a House of Multiple Occupation.

If you're providing us with special category personal information (such as details about your health) we will be processing this under Art. 9(2). If you're providing us with criminal conviction personal information we will be processing this under Art.10.

How will we use the information about you?

We use the information to process your application for a House in Multiple Occupation licence. We may share the information with other departments at the Council to enable us to deal with your application for a House in Multiple Occupation licence. We will only share the information to enable us to deal with this matter.

We may share the information with the Police, other Local Authorities, the Housing Benefit department or any other relevant agency. This may include making enquiries with a Credit Checking agency and the Land Registry.

We may share the information with other agencies or other organisations such as the Department of Work and Pensions and the Inland Revenue as allowed by law.

We may be required to share your personal information with the Police, Internal Audit or similar agency, or another Council for the purposes of preventing and detecting fraud.

We will ensure that all personal information is kept securely.

How long will we keep this information?

We will destroy this personal information in accordance with our Disposal Schedules. To determine how long we should keep information, we consider what the legislation states and what is good practice. This means we will securely destroy the information once we no longer need it. If you would like to know the specific period of time that relates to your personal information please contact GDPR@stalbans.gov.uk

Individuals' Rights

You have a right to request a copy of the personal information that we hold about you. If you would like a copy of some or all of your information, please contact foi@stalbans.gov.uk and ask for a subject access request.

If you consider we hold inaccurate personal information about you, you can contact us to ask for this information to be corrected. We will consider your request and respond within one month. Please contact GDPR@stalbans.gov.uk.

You can find out more about your rights on our website:

<https://www.stalbans.gov.uk/privacy-notice>

Cookies

Cookies are text files placed on your computer to collect standard internet log information and visitor behaviour information. This information is used to make your use of the internet better. For further information on how we use these and how you can control it, please visit

<https://www.stalbans.gov.uk/cookies>

Changes to our Data Protection Policy

We have a Data Protection Policy in place and this can be found here:

<https://www.stalbans.gov.uk/general-data-protection-regulation>. We review this policy annually.

Data Protection Officer

Our Data Protection Officer for the purposes of Articles 37 to 39 of the General Data Protection Regulation is Charles Turner, Solicitor to the Council. He can be contacted by emailing GDPR@stalbans.gov.uk or calling 01727 819209 for our Complaints Team.

How to contact us

Please contact us if you have any questions about our Data Protection Policy, or concerns about how we handle your information: by emailing foi@stalbans.gov.uk or write to us at: FOI Team, St Albans City & District Council, St Peter's Street, St Albans, AL1 3JE.

Complaints

You have a right to complain to the Information Commissioner if you are unhappy with how we process your personal information. You can do so through their website:

<https://ico.org.uk/concerns/> or by emailing: casework@ico.org.uk or calling their helpline on 0303 123 1113.

Reviewed April 2020