

## CITY OF BRADFORD METROPOLITAN DISTRICT COUNCIL APPLICATION FOR VARIATION OF HMO LICENCE

In order for the Local Authority to consider your request to vary your HMO Licence, please complete the following questions. If your variation request relates to the management arrangements for the property, your Manager will also need to complete and sign Section 5 of this form.

## **SECTION 1 – To be completed in all cases**

Address of Licenced HMO:

1.1

	Postcode:	
	Existing Licence Number:	
1.2	<u>Licence Holder</u> Name:	
	Address:	
	Postcode:	
	Email:	
	Daytime Tel No:	Mobile:
ccu	piers.	there is an increase in maximum number of
ccu	piers.	
	Maximum number of occupiers  Maximum number of occupiers	on existing Licence:

SECTION 3 – To be completed if there is a change in address or other contact details (NB: an HMO Licence cannot be transferred from one person to another. If there is to be a change in Licence holder, please complete a new HMO Licence Application).

3.1	Name:	
	Address:	
	Postcode:	
	Email:	
	Daytime Tel No:	Mobile:
	Licence holder / manage (please delete as appropria	ement / key holder te and use additional sheets if necessary)
	TION 4 - To be comple ommodation within the pro	eted if there are substantial changes to the layout or operty.
4.1		inges to the property below and enclose a layout plan on a (does not have to be to scale but should accurately reflect
SEC <sup>-</sup>	TION 5 – To be completed	I if there is a change in management arrangements
5.1	Proposed Manager	
	Name:	
	Company represented (if	applicable):
	Address:	
	Postcode:	
	Email:	
	Davtime Tel No:	Mobile:

## 5.2 Fit and Proper Persons

Before the Local Authority can grant the Licence, it must determine whether the proposed Licence holder and any manager of the house is a fit and proper person.

For this purpose, the following matters are relevant:

- a) Any unspent convictions involving:
  - Fraud or other dishonesty
  - Violence or drugs
  - Any offence listed in Schedule 3 to the Sexual Offences Act 2003.
- b) Details of any finding by a Court or Tribunal of unlawful discrimination on the part of the proposed Licence holder or Manager 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 the proposed Licence holder or Manager.

Please note that persons mentioned above may be subject to checks with the Disclosure and Barring Service and cross checks with other regulatory bodies. Signing of this form will be deemed to be consent for any such checks.

5.3	(please note that the provisions of the Rehabilitation of Offenders Act 1974 applies in respect of 'spent' convictions).
5.4	Does the proposed Manager own or have they ever owned a property for which a Local Authority has refused to grant a similar Licence or revoked a similar Licence? Please state the name of the Local Authority and address of properties.
5.5	Does the proposed Manager own or have they ever owned a property which has been the subject of an interim or final management order under the Housing Act 2004? Please state name of Local Authority and address of properties.

This s respond progra autho	hould ref nsibility, nmmes, risations	fer to the propose access	competed visit arranged	ency of frequer ements ements.	anyone cies, r for L	e involve mainten ocal <i>A</i>	ed in its ance, authority	ments for s manage inspection officers awn to the	ment, ard n and t s and

			management of the property gement Regulations applying	
	Name (print):			
	Company rep	resented:		
	Signature:			Date:
5.9	the best of m information to under any of	ny knowledge. o a Local Hous Parts 1 to 4 o	property, declare that the inf I understand that I commit sing Authority in connection of the Housing Act 2004 tha sleading and I am reckless	t an offence if I supply any with any of their functions t is false or misleading and
	Name (print):			
	Signature:	-		Date:

I, as Manager for the property, declare that I agree with the information given above

Both the Licence holder and Manager should sign the declaration returning the completed form to the address at the end of the form in order for your application to be considered. By signing this form you are accepting the Data Processing Notice below.

In order to meet the obligations of Part 2 of the Housing Act 2004, the Local Authority must establish and maintain a register of all licences granted by them. The register must contain prescribed particulars and the contents of the register must be available to members of the public for inspection. Copies of the register; or extracts from it, must be supplied to a person requesting such and may be subject to payment of a reasonable fee.

A compact version of the register (without the Licence holder's and Manager's name and address) is published on the Local Authority's website www.bradford.gov.uk

Bradford Council is the data controller for the personal information you provide on this form. We are collecting this information as part of our obligation under the Housing Act 2004. Your information will be used to help us fulfil our legal obligation and will not be used for any other purpose. We will not share your data with third parties unless we are required or permitted to do so by law.

Data protection law describes the legal basis for our processing your data as necessary for compliance with a legal obligation. For further information about how Bradford Council uses your personal data, including your rights as a data subject, please see our corporate privacy notice on our website (www.bradford.gov.uk).

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