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| North Lanarkshire Council |
| Short Term Let Application Form |  |
| Civic Government (Scotland) Act 1982 (Licensing of Short Term Lets) Order 2022 |  |

**Part 1. Introduction**

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| A licence for a Short-Term Let Licence (STL) is required for accommodation where the use of residential accommodation provided by a host in the course of business to a guest, or guests. A guest is treated as not using the accommodation as their only or principal home.Before lodging your application for a licence for a Short-Term Let please ensure that you have read the following guidance notes. |
| 1.1 | The application form cannot be accepted unless all sections are fully and accurately completed. |
| 1.2 | Where the applicant is an individual, the whole of question 3.1 must be completed. |
| 1.3 | Where the applicant is a corporate entity e.g. company, partnership, trust, or charity, the whole of question 3.2 must be completed. |
| 1.4 | The fee for a licence is £300 for up to 4 guests and £450[[1]](#footnote-1) for 5 or more guests. Licences are valid for a period of three years.  |
| 1.5 | Applicants are required to submit floor plans of their premises to the local authority. Further detail of such plans may be requested where certain fire safety aspects of the licensing conditions are not met, or where there are concerns regarding overcrowding or disabled access. Please be mindful that this list is not exhaustive. |
| 1.6 | Where alterations are required to the layout of the premises, it may be necessary to apply for a Building Warrant. For further information on building warrants, telephone Building Standards on 01236 812440 or e-mail buildingstandards@northlan.gov.uk |
| 1.7 | Planning Permission will only be required where a short term let is situated in a Short Term Let Control Area. North Lanarkshire Council Planning Department do not intend to designate any Short Term Let Control Areas at this time. For further information on planning applications and certificates of lawful use, telephone Planning on 01236 632500 or e-mail ESPlanning@northlan.gov.uk |
| 1.8 | The public notice ‘Notice for Displaying at Living Accommodation’ (contained in the Application Pack) requires to be completed and displayed at or near the premises where it can be conveniently read by the public **from the public footpath**, for a period of 21 days, starting on the day the application is lodged. |
| 1.9 | The ‘Certificate of Compliance’ (contained in the Application Pack) requires to be completed and returned to the Built Environment Section (address noted below) **after** the 21-day notice period is over. |
| 1.10 | Whilst processing the application, the following will be consulted:* North Lanarkshire Council Planning Department
* Police Scotland
* Scottish Fire & Rescue Service
* North Lanarkshire Council Building Standards[[2]](#footnote-2)
 |
| 1.11 | A copy of the most recent gas safety certificate should be provided with the application. |
| 1.12 | A copy of the most recent certification in respect of oil, solid fuel or LPG installations or appliances should be provided with this application. |
| 1.13 | A copy of the most recent electrical safety certificates covering the installed system should be provided with the application. |
| 1.14 | A copy of the most recent PAT (Portable Appliance Test) report covering the inspection of portable electrical appliances should be provided with the application. |
| 1.15 | Proof of buildings insurance should be provided with the application. |
| 1.16 | Proof of public liability insurance should be provided with the application. |
| 1.17 | To lodge a licence application, the completed form, fee, and accompanying plans and documents listed under ‘Important Notes’ at the end of this application form should be sent to:**Built Environment Team – Short Term Lets****Station House****950 Old Edinburgh Road****Uddingston** **ML4 3FG****privatesector@northlan.gov.uk** |
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**N.B Please see STL Guidance Notes (contained in the Application Pack) for full details of the Application Process.** **Incomplete applications will not be processed and a refund issued within 14 days of receipt.**

**Part 2. Short Term Let Application Form.**

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| **FEE’s** | **For office use only.** |
| **Up to Four (4) Guests** |[ ]  £300 | Date Rec’d | Click or tap to enter a date. |
| **Five or more(5) Guests** |[ ]  £450 | Rec’d by |  |
|  |  |  | Receipt No. |  |
|  |  |  | Date Fee paid | Click or tap to enter a date. |

**2.1 Application type.**

|  |  |  |
| --- | --- | --- |
| **First Application** |[ ]   |  |
| **Renewal** |[ ]   |  |
| **Change to existing licence** |[ ]   |  |
|  |  |  |  |
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**NOTE: If you are applying to renew or alter your licence, please complete the following fields. If submitting a new application where the property has never been used as a licensed short-term let, please proceed to question 2.3: *If you are submitting a new application where the property has been used as a licensed short-term let in the past, please complete the following fields.***

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| --- | --- | --- | --- |
| **Previous existing Licence No.\*** |  | **Expiry date.** |  |

**2.3** **Licence type.**

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| **Secondary Letting***(The letting of property where you do not normally live, for example a second home that is let to guests)* |[ ]
| **Home Letting***(Using all or part of your own home for short-term letting purposes while you are absent from your home, for example whilst you are away on holiday)* |[ ]
| **Home Sharing***(Using all or part of your own home for short-term letting purposes while you are living there)* |[ ]
| **Home Letting and Home Sharing***(Using your property for short-term letting purposes while you are living there and when you are absent)* |[ ]

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| **2.4 Permission from Owners****If you do not own the property which is the subject of this licence application, do you have proof of permission from the owner(s):** | **Yes** |  | **No** |  |  |
|  |[ ]   |[ ]   |  |

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| **If you are applying for a change to your existing licence, please indicate the reason for your request in the box below:** **(e.g. a change of owner/agent/day to day manager, changes to the property – e.g. an extension or any works that may require a building warranty to increase maximum occupancy).** |
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**Part 3. Premises information.**

**To be completed by ALL categories of applicant.**

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| **a) Address of premises to be used as a Short Term Let. (Incl. Postcode).** |
|  |
| **b) Unique property reference number (If known).**  |
|  |
| **c) Description of accommodation.** | **Flat** [ ]  | **Semi-Detached House** [ ]  |
| **Detached House** [ ]  | **Terraced House** [ ]  |
|  | **Unconventional Accommodation** [ ] **(e.g. Pod, Yurt, Static Caravan etc)** |
| **d) No. of Bedrooms.**  |  |
| **e) No. of Rooms/ Units.**  |  |
| **f) No. of persons occupying the property at the date of this application?** |  |
| **g) Proposed maximum No of occupants for which licence is being sought for the premises?** |  |
| **h) EPC rating (If applicable).** |  |

**Part 4. Applicant Details.**

**Are you applying as an individual or corporate entity?**

**Individual** [ ]  **Corporate Entity** *(Please go to Section 4.2.)*[ ]

**4.1. Individual**

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| ***To be completed if an individual.******(Include ALL joint owners applying for the licence. [Continue on a separate sheet if necessary].*** |
| **Principal Applicant** |
| Full Name (Incl. Title Mr/ Mrs/Ms/ Mx. etc) | Date of Birth (dd/mm/yyyy) | Place of Birth |
|  |  |  |
| Home Address (Incl. Postcode) |
|  |
| Email Address | Home Tel. No.  | Mobile No. |
|  |  |  |

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| **Joint Applicant 1.** |
| Full Name (Incl. Title Mr/ Mrs/Ms/ Mx. etc)) | Date of Birth (dd/mm/yyyy) | Place of Birth |
|  |  |  |
| Home Address (Incl. Postcode) |
|  |
| Email Address | Home Tel. No.  | Mobile No. |
|  |  |  |

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| **Joint Applicant 2.** |
| Full Name (Incl. Title Mr/ Mrs/Ms/ Mx. etc) | Date of Birth (dd/mm/yyyy) | Place of Birth |
|  |  |  |
| Home Address (Incl. Postcode) |
|  |
| Email Address | Home Tel. No.  | Mobile No. |
|  |  |  |

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| **Joint Applicant 3.** |
| Full Name (Incl. Title Mr/ Mrs/Ms/ Mx. etc) | Date of Birth (dd/mm/yyyy) | Place of Birth |
|  |  |  |
| Home Address (Incl. Postcode) |
|  |
| Email Address | Home Tel. No.  | Mobile No. |
|  |  |  |

**4.2. Corporate Entity (e.g. company, partnership, trust or charity)**

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| ***To be completed if NOT an individual. (e.g. Company, Partnership, Trust or Charity).******Principal or registered office and contact details of the body and state the full name, private address and dates of birth of each of the directors, partners or other persons concerned in the management of the body.*** |
| **Principal person.** |
| Full Name of company or body. |  |  |
|  |
| Address of principle or registered office (Incl. Postcode) |
|  |
| Email Address | Tel. No. |
|  |  |

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| **Directors’/Partner/Trustee information 1.** |
| Full Name (Incl. Title Mr/ Mrs/Ms/ Mx. etc) | Date of Birth (dd/mm/yyyy) | Place of Birth |
|  |  |  |
| Home Address (Incl. Postcode) |
|  |
| Email Address | Home Tel. No.  | Mobile No. |
|  |  |  |

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| **Directors’/Partner/Trustee information 2.** |
| Full Name (Incl. Title Mr/ Mrs/Ms/ Mx. etc) | Date of Birth (dd/mm/yyyy) | Place of Birth |
|  |  |  |
| Home Address (Incl. Postcode) |
|  |
| Email Address | Home Tel. No.  | Mobile No. |
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**4.3. Agents and Day to Day Managers.**

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| ***Applicants MUST declare any agent or day to day manager. The agents/day to day managers name will be recorded on the Short Term Let Licence and public register.*** |
| Will an agent/day to day manager act for the applicant in relation to the short term let accommodation? | **Yes** [ ]  | **No** [ ]  |
| ***If Yes complete Section 4.4 if an individual or 4.5 if a corporate entity below.*** |

**4.4 Agent/Day to Day Manager Details.**

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| Where the agent/day to day manager is an individual state the name, address, date of birth and contact details of the agent/individual. |
| **Principal Applicant** |
| Full Name (Incl. Title Mr/ Mrs/Ms/ Mx. etc) | Date of Birth (dd/mm/yyyy) | Place of Birth |
|  |  |  |
| Home Address (Incl. Postcode) |
|  |
| Email Address | Home Tel. No.  | Mobile No. |
|  |  |  |

**4.5 Agent details for a Corporate Entity (e.g. company, partnership, trustee, charity etc).**

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| ***To be completed where Agent is NOT an individual. (e.g. a Company, Partnership, Trustee, Charity etc).******Where the agent is not an individual person state the full name, address of principle or registered office and contact details of the body and the full name, private address and dates of birth of each of the directors, partners, trustees or other persons concerned in the management of the body. Use a separate sheet if required.*** |
| **Principal Applicant** |
| Full Name of company or body. |  |  |
|  |
| Address of principle or registered office (Incl. Postcode) |
|  |
| Email Address | Office Tel. No. |
|  |  |

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| **Directors’ /Partner/Trustee information 1.** |
| Full Name (Incl. Title Mr/ Mrs/Ms/ Mx. etc) | Date of Birth (dd/mm/yyyy) | Place of Birth |
|  |  |  |
| Home Address (Incl. Postcode) |
|  |
| Email Address | Home Tel. No.  | Mobile No. |
|  |  |  |

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| **Directors’/Partner/Trustee information 2.** |
| Full Name (Incl. Title Mr/ Mrs/Ms/ Mx. etc) | Date of Birth (dd/mm/yyyy) | Place of Birth |
|  |  |  |
| Home Address (Incl. Postcode) |
|  |
| Email Address | Home Tel. No.  | Mobile No. |
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**Part 5. Criminal Convictions Information.**

**To be completed by ALL categories of applicant.**

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| **PLEASE ANSWER YES OR NO.**Has anybody named on the application been convicted of any offence? Please include details of any ***unspent*** convictions in the table below: *(An unspent conviction is a criminal conviction that is still within the constraints of the rehabilitation period. In other words, not enough time has elapsed for the offence to be considered spent).* | **Yes.** [ ]  |
| **No.** [ ]  |
| **Name** | **Date** | **Court** | **Offence** | **Sentence** |
|  |  |  |  |  |

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| **PLEASE ANSWER YES OR NO.**Have you ever applied for and been refused a Licence for the same or similar type of activity? | **Yes.** [ ]  |  | **If Yes when were you refused?** |
|  | Click or tap to enter a date. |
|  | **For which type of activity were you refused?** |
| **No.** [ ]  |  |  |
|  | **Which authority refused you a licence/ activity?** |
|  |  |

**Part 6. Application Checklist.**

**To be completed by ALL categories of applicant.**

**NOTE. This checklist must be FULLY completed in order to submit your application. *Incomplete applications will not be processed and a refund issued within 14 days of receipt.***

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| **I have enclosed the following. (Please tick to confirm or enter N/A if not applicable).** |
| **Correct application fee.** |[ ]   |
| **Completed Fire Risk Assessment.**  |[ ]   |
| **Annual gas safety certificate (for premises with a gas supply).** |[ ]  **Enter date Valid to:** |
|  |  | Click or tap to enter a date. |
| **Electrical Installation Condition Report.** |[ ]  **Enter date Valid to:** |
|  |  | Click or tap to enter a date. |
| **Portable Appliance Testing Reports.** |[ ]  **Enter date Valid to:** |
|  |  | Click or tap to enter a date. |
| **Legionella Risk Assessment. (Please see separate Legionella Self-Assessment information)** |[ ]   |
| **Planning permission.** ***(Only for premises within a short term let control area or were requested by the licensing authority)*** |[ ]  **Planning application reference number.** |
|  |  |  |
| **Floor plan.**  |[ ]   |
| **Energy Performance Certificate.** |[ ]  **Enter date Valid to:** |
|  |  | Click or tap to enter a date. |
| **Buildings Insurance.** |[ ]  **Enter date Valid to:** |
|  |  | Click or tap to enter a date. |
| **Public Liability Insurance (minimum £2million cover).**  |[ ]  **Enter date Valid to:** |
|  |  | Click or tap to enter a date. |
| **Proof of consent from owner (if applicable).** |[ ]   |
| **Scottish Fire and Rescue Service Short Term Let Licensing Fire Safety Checklist** |[ ]   |

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| **I have:**  |
| **Identified the owners and those involved in the day-to-day management of my premises.** |[ ]
| **Ensured that to the best of my knowledge all those named on my application are fit and proper persons.** |[ ]
| **Prepared information that will be available to guests at the premises including:** |[ ]
| **(a) a certified copy of the licence and the licence conditions.** |  |
| **(b) fire, gas and electrical safety information.**  |  |
| **(c) details of how to summon the assistance of emergency services.** |  |
| **(d) a copy of the gas safety report.** |  |
| **(e) a copy of the Electrical Installation Condition Report.** |  |
| **(f) a copy of the Portable Appliance Testing Report.** |  |
| **Applied for planning permission (if required).** |[ ]
| **Proof that furniture and furnishings/the furniture and furnishings guests have access to comply with fire safety regulations** |[ ]
| **Read and understood the mandatory conditions that will apply to my licence** |[ ]
| **Read and understood the additional conditions that will apply to my licence**  |[ ]

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| **My premises: (Please tick to confirm)** |
| **Meets current statutory guidance for provision of fire, smoke and heat detection** |[ ]
| **Meets statutory guidance for carbon monoxide alarms** |[ ]
| **Meets the required regulations for private water supplies *(for premises with a private water supply i.e not provided by Scottish Water)*** |[ ]
| **Meets obligations with regard to the Tolerable and Repairing standard *(applicable to dwellinghouses)*** |[ ]

**Part 7. Declaration.**

**To be completed by ALL categories of applicant.**

**NORTH LANARKSHIRE COUNCIL, AS LICENSING AUTHORITY, WILL USE INFORMATION IT HOLDS ABOUT YOU TO DETERMINE WHETHER YOU ARE A FIT AND PROPER PERSON TO OPERATE A SHORT-TERM LET. IN ADDITION, LICENSING AUTHORITIES TO WHICH YOU APPLY MAY SHARE RELEVANT INFORMATION THEY HOLD ABOUT YOU WITH ONE ANOTHER TO HELP THOSE AUTHORITIES DETERMINE WHETHER YOU ARE A FIT AND PROPER PERSON TO ACT AS A SHORT TERM LET OPERATOR, OR TO ACT FOR A SHORT TERM LET OPERATOR. THEY MAY ALSO SHARE AND SEEK RELEVANT INFORMATION WITH POLICE SCOTLAND AND, IF APPROPRIATE, OTHER RELEVANT AUTHORITIES.**

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| **I DECLARE THAT I HAVE READ AND UNDERSTOOD THE MANDATORY CONDITIONS THAT APPLY** **TO SHORT-TERM LET LICENCES AND NORTH LANARKSHIRE COUNCIL STANDARD CONDITIONS.** |[ ]
| **I WILL COMPLY WITH THE REQUIREMENT TO DISPLAY A SITE NOTICE IN ACCORDANCE** **WITH PARAGRAPH 2 OF SCHEDULE 1 OF THE CIVIC GOVERNMENT (SCOTLAND) ACT 1982** |[ ]
| **I DECLARE THAT THE INFORMATION GIVEN IN THIS APPLICATION IS CORRECT TO THE** **BEST OF MY KNOWLEDGE** |[ ]
| **SIGNATURES** |
| **ANYONE WHO KNOWINGLY PROVIDES FALSE OR MISLEADING INFORMATION IN AN APPLICATION MAY BE GUILTY OF AN OFFENCE, WHICH IS SUBJECT TO A LEVEL 4 FINE ON THE STANDARD SCALE.** **NOTE: (Where a Co-partnership, each partner should sign. If a corporate entity, please also state position of signatory.**  |
| Print Name and position (If applicable) | **Signature** | **Date** |
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| **THE INFORMATION SUPPLIED WILL BE USED FOR THE PURPOSES OF THIS APPLICATION AND IN ACCORDANCE WITH THE GENERAL DATA PROTECTION REGULATIONS 2018** |

1. Please note that licence fees may be subject to change. [↑](#footnote-ref-1)
2. Building Standards may be consulted if construction or layout concerns are noted when reviewing plans or identified when conducting the property inspection. [↑](#footnote-ref-2)