

**THE CIVIC GOVERNMENT (SCOTLAND ACT 1982
(LICENSING OF SHORT-TERM LETS) ORDER 2022**

APPLICATION FOR SHORT TERM LET LICENCE

Part 1: Application and Licence Type

1. Please select the application type:

New Application Renewal Change to Licence

New Application (*where property has been used as a licensed STL previously*)

First Application (*existing operator**)

**This option is only available for applications made on or before 1 October 2023 by existing operators (i.e. those operating the premises in which a licence is being applied for as a short-term let on or before 1 October 2022).*

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 before, please proceed to Question 2.

| | |
|------------------------------|--|
| Existing Licence Number | |
| Existing Licence Expiry Date | |

If you are submitting a new application where the property has been used as a licensed short-term let before, please complete the following fields.

| | |
|------------------------------|--|
| Previous Licence Number | |
| Previous Licence Expiry Date | |

2. Please select the type of short-term let licence you require:

Home Sharing Home Letting

Home Sharing & Home Letting Secondary Letting

3. 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

N/A

If you are applying for a change to your existing licence, please indicate the reason for your request (e.g. a change of agent, changes to the property – e.g. an extension to increase maximum occupancy).

Part 2: Premises Details

| | |
|---|--|
| Premises Address <i>(including postcode)</i> | |
| Unique Property Reference Number <i>(if known)</i> | |
| Number of Bedrooms | |
| Proposed Maximum Number of Occupants | |
| EPC rating <i>(if applicable – not required for home sharing or unconventional accommodation)</i> | |

4. Please select the type of premises:

Detached House

Semi-detached House

Terraced House

Flat

Unconventional Accommodation

5. From the following options, please select the description that best describes your short-term let:

Self-Catering

B & B

Guest House

Other Form of Home Sharing

Home Letting

Part 3: Applicant Details

6. Are you applying as an Individual or Corporate Entity:

Individual

Corporate Entity

Fill in if you are applying as an **individual**:

| | |
|--|--|
| First Name(s) | |
| Surname | |
| Date of Birth | |
| Place of Birth | |
| Address (if different from premises address) | |
| E-mail Address | |
| Telephone Number | |

Please provide your home address history for the last 5 years with no gaps or overlaps, starting with the most recent. Please confirm the dates you resided at these properties:

| Address (history for last 5 years) | Postcode | Date From (Month/Year) | Date To (Month/Year) |
|------------------------------------|----------|------------------------|----------------------|
| | | | |

7. Do you have or intend to appoint an agent or day-to-day Manager:

Yes

No

If you answered yes to Q7 please provide details of your agent(s) or day to day manager(s)

| Full Name | Address (5 year address history) | Date of Birth | E-mail Address | Telephone Number |
|-----------|----------------------------------|---------------|----------------|------------------|
| | | | | |

8. Is your property jointly owned?

Yes

No

If you answered yes to Q8, please provide details of all joint owners (*continue on a separate sheet if necessary*)

| Joint Owner 1 | | |
|--|---------------|----------------|
| Full Name | Date of Birth | Place of Birth |
| | | |
| Home Address (<i>including postcode</i>) | | |
| | | |
| E-Mail Address | Home Tel No | Mobile No |
| | | |

| Joint Owner 2 | | |
|--|---------------|----------------|
| Full Name | Date of Birth | Place of Birth |
| | | |
| Home Address (<i>including postcode</i>) | | |
| | | |
| E-Mail Address | Home Tel No | Mobile No |
| | | |

| Joint Owner 3 | | |
|--|---------------|----------------|
| Full Name | Date of Birth | Place of Birth |
| | | |
| Home Address (<i>including postcode</i>) | | |
| | | |
| E-Mail Address | Home Tel No | Mobile No |
| | | |

Corporate Entities, please complete the relevant sections below:

Fill in if you are applying as a Corporate Entity (e.g. Company, Partnership, Trust or Charity)

| | |
|---|----------|
| Full Name of Company or Body | |
| | |
| Limited Company Number <i>(if applicable)</i> | |
| | |
| Address of Principle or Registered Office <i>(including Postcode)</i> | |
| | |
| E-Mail Address | Tel. No. |
| | |

Please provide details of each of the Directors, Partners or other persons concerned in the management of the body.

| | | |
|-------------------------------------|---------------|----------------|
| Director/Partner/Trustee – 1 | | |
| Full Name | Date of Birth | Place of Birth |
| | | |
| Home Address | | |
| | | |
| E-Mail Address | Home Tel. No. | Mobile No. |
| | | |

| | | |
|-------------------------------------|---------------|----------------|
| Director/Partner/Trustee – 2 | | |
| Full Name | Date of Birth | Place of Birth |
| | | |
| Home Address | | |
| | | |
| E-Mail Address | Home Tel. No. | Mobile No. |
| | | |

| Director/Partner/Trustee – 3 | | |
|-------------------------------------|---------------|----------------|
| Full Name | Date of Birth | Place of Birth |
| | | |
| Home Address | | |
| | | |
| E-Mail Address | Home Tel. No. | Mobile No. |
| | | |

Please provide details of Agent and/or Day to Day Manager

| | |
|---|----------|
| Will an agent/ day to day manager act for the applicant in relation to short term let accommodation | Yes / No |
| <i>If Yes complete Section 9 if an individual or Section 10 if a corporate entity below</i> | |

9. Agent/Day to Day Manager Details

| Complete where the agent/day to day manager is an Individual | | |
|---|---------------|----------------|
| Full Name | Date of Birth | Place of Birth |
| | | |
| Home Address <i>(Including Postcode)</i> | | |
| | | |
| E-Mail Address | Home Tel. No. | Mobile No. |
| | | |

10. Agent Details for a Corporate Entity (e.g. Company/Partnership/Trustee/Charity Etc)

| Full Name of Company or Body | |
|---|----------------|
| | |
| Address of Principle or Registered Office <i>(including postcode)</i> | |
| | |
| E-Mail Address | Office Tel. No |
| | |

| Directors/Partners/Trustees - Information 1 | | |
|---|---------------|----------------|
| Full Name | Date of Birth | Place of Birth |
| | | |
| Home Address (including postcode) | | |
| | | |
| E-Mail Address | Home Tel. No | Mobile No |
| | | |

| Directors/Partners/Trustees - Information 2 | | |
|---|---------------|----------------|
| Full Name | Date of Birth | Place of Birth |
| | | |
| Home Address (including postcode) | | |
| | | |
| E-Mail Address | Home Tel. No | Mobile No |
| | | |

| Directors/Partners/Trustees - Information 3 | | |
|---|---------------|----------------|
| Full Name | Date of Birth | Place of Birth |
| | | |
| Home Address (including postcode) | | |
| | | |
| E-Mail Address | Home Tel. No | Mobile No |
| | | |

Part 4: Convictions

To be completed by ALL categories of applicant.

| Has anybody named on the application been convicted of any offence | YES / NO | | | |
|--|----------|-------|---------|----------|
| Please include details of any unspent convictions in the table below: <i>(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.)</i> | | | | |
| Name | Date | Court | Offence | Sentence |
| | | | | |

| | |
|---|----------|
| Have you ever applied for and been refused a Licence for the same or similar type of activity | Yes / No |
| If Yes, when was the application refused | |
| For which type of activity were you refused | |
| Which authority refused you a Licence | |

Part 5: APPLICANT CHECKLIST

Note – this check list must be fully completed in order to submit your application

| I have enclosed the following – please tick to confirm (or enter N/A) | | |
|---|--------------------------|------------------------------------|
| Completed Application form | <input type="checkbox"/> | |
| Correct Application Fee | <input type="checkbox"/> | See guidance notes |
| Completed Fire Risk Assessment | <input type="checkbox"/> | |
| Annual Gas Certificate | <input type="checkbox"/> | Valid to: |
| Electrical Installation Condition Report | <input type="checkbox"/> | Valid to: |
| Portable Appliance Testing Report | <input type="checkbox"/> | Valid to |
| Legionella Risk Assessment | <input type="checkbox"/> | |
| Planning Permission <i>(for premises within a control area or where requested by the licensing authority)</i> | <input type="checkbox"/> | Planning application Reference no: |
| Floor Plan | <input type="checkbox"/> | See guidance notes |
| EPC Certificate <i>(for premises which are dwellinghouses)</i> | <input type="checkbox"/> | Valid to: |
| Buildings Insurance | <input type="checkbox"/> | Valid to: |
| Public Liability Insurance | <input type="checkbox"/> | Valid to: |
| Proof of consent from owner <i>(if applicable)</i> | <input type="checkbox"/> | |
| Evidence of operation as a short-term let on or before 1 October 2022 <i>(for existing hosts applying during transitional period)</i> | <input type="checkbox"/> | |

| I have – please tick to confirm (or enter N/A) | |
|--|--------------------------|
| Identified the owners and those involved in the day-to-day management of the premises | <input type="checkbox"/> |
| Ensured that to the best of my knowledge all those named on my application are fit and proper persons | <input type="checkbox"/> |
| 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, and (f) A copy of the Portable Appliance Testing Report | <input type="checkbox"/> |

| | |
|--|--------------------------|
| Applied for planning permission (if required) | <input type="checkbox"/> |
| Noted the requirement to display my licence number and EPC rating on listings for the premises | <input type="checkbox"/> |
| Check if any additional licence conditions apply to me / my premises | <input type="checkbox"/> |
| Proof that furniture and furnishings/the furniture guests have access to comply with fire safety regulations | <input type="checkbox"/> |
| Read and understood the mandatory conditions that will apply to my licence | <input type="checkbox"/> |
| Read and understood the additional conditions that will apply to my licence | <input type="checkbox"/> |

| | |
|--|--------------------------|
| My Premises – please tick to confirm (or enter N/A) | |
| Meets current statutory guidance for provision of fire, smoke and heat detection | <input type="checkbox"/> |
| Meets statutory guidance for carbon monoxide alarms | <input type="checkbox"/> |
| Meets the required regulations for private water supplies (<i>for premises with a private water supply, i.e. not provided by Scottish Water</i>) | <input type="checkbox"/> |
| Meets obligations with regard to the Tolerable and Repairing standard (<i>applicable to dwellinghouses</i>) | <input type="checkbox"/> |
| Food Safety – I understand the food hygiene and safety rules that apply to me | <input type="checkbox"/> |
| I have checked the title deeds of my premises | <input type="checkbox"/> |
| will declare my income from my short-term let activity for tax purposes | |
| <input type="checkbox"/> I have checked with my lender that I am allowed to use my premises for this purpose | |
| <input type="checkbox"/> I am complying with other legal requirements that affect me, my business or my premises | |
| <input type="checkbox"/> I have considered engaging with my neighbours | |
| I have checked whether my licensing authority has additional licence conditions and I can comply with the ones that are likely to apply to me | <input type="checkbox"/> |

Part 6: Declaration

To be completed by ALL categories of applicant:

EAST AYRSHIRE 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 landlord, or to act for a landlord. They may also share and seek relevant information with Police Scotland, and, if appropriate, other relevant authorities.

Anyone who gives false information on this form, or fails to provide the information required by this form, is committing an offence which could lead to prosecution.

National Fraud Initiative - East Ayrshire Council is under a duty to protect the public funds it administers, and to this end may use the information you provide on this form for the prevention and detection of fraud. It may also share this data with other bodies including government organisations for these purposes. Further information can be obtained from the council's website.

| | |
|--|--------------------------|
| I declare that I have read and understood the Mandatory Conditions that apply to short-term let licences and East Ayrshire Council Standard Conditions | <input type="checkbox"/> |
| 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 | <input type="checkbox"/> |
| I declare that the information given in this application is correct to the best of my knowledge | <input type="checkbox"/> |

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 |
|--|------------------|-------------|
| | | |
| | | |
| | | |
| | | |

The information supplied will be used for the purposes of this application and in accordance with the General Data Protection Regulations 2018.