

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

APPLICATION FOR A PROVISIONAL SHORT TERM LET LICENCE

Part 1: Applicant Details

Are you applying as an Indivi	dual or	Corporate E	Entity:	
Individual		Cor	porate Entity	
2. Fill in if you are applying as	s an <u>inc</u>	lividual:		
First Name(s)				
Surname				
Date of Birth				
Place of Birth				
Address				
E-mail Address				
Telephone Number				
Please provide your home address h starting with the most recent. Please			you resided at the	ese properties:
Address (history for last 5 years)	Post	code	Date From (Month/Year)	Date To (Month/Year)

3.	Will the property be jointly owned?							
	Yes	Yes No						
•	If you answered yes to Q2, please provide details of all joint owners (continue on a separate sheet if necessary)							
Join	t Owner	1						
Full N	Name		Date of Birth			Place of	Birth	
Hom	e Addres	ss (including postcode	e)					
E-Ma	ail Addre	SS	Home Tel No)		Mobile N	0	
Join	t Owner	2						
Full N	Vame		Date of Birth			Place of	Birth	
Hom	e Addres	ss (including postcode	e)					
E-Ma	ail Addre	SS	Home Tel No)		Mobile N	0	
			L					
Join	t Owner	3						
	Name		Date of Birth			Place of	Birth	
Hom	e Addres	ss (including postcode	e)					
E-Ma	ail Addre	SS	Home Tel No)		Mobile N	0	
			·			L		
Please	e provide	e the home address h	istory of joint o	wner	s who ha	ve not res	ided at the above	
		e last 5 years.	, ,					
Addr	ess (hist	tory for last 5 years)	Postcode		Date Fr	om	Date To	
, tadi			1 0010000		(Month/		(Month/Year)	

4. Corporate Entities, ple	4. Corporate Entities, please complete the relevant sections below:						
Fill in if you are applying as a <u>Corporate Entity</u> (e.g. Company, Partnership, Trust or Charity)							
Full Name of Company or Boo	dy						
Limited Company Number (if	applicable)						
Address of Principle or Regist	tered Office (inc	luding Postcode	e)				
	•		,				
E-Mail Address		Tel. No.					
Please provide details of each in the management of the bo	dy.	ors, Partners c	or other persons concerned				
Director/Partner/Trustee – 1			Diago of Diath				
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.						
	Tione for its.						
Director/Partner/Trustee – 3							
Full Name	Date of Birth		Place of Birth				
Home Address							

Home Tel. No.

Mobile No.

E-Mail Address

5.	5. Will the property be jointly owned?						
	Yes		No				
	If you answered yes to Q6, please provide details of all joint owners (continue on a separate sheet if necessary)						
Join	t Owner 1						
Full	Name	Date of Birth		Place of	Birth		
Hom	e Address (including postcode	e)					
E-Ma	ail Address	Home Tel No		Mobile N	lo		
	t Owner 2						
Full	Name	Date of Birth		Place of	Birth		
Hom	e Address <i>(including postcode</i>	e)					
E-Ma	ail Address	Home Tel No		Mobile N	lo		
				1			
Join	t Owner 3						
	Name	Date of Birth		Place of	Birth		
Hom	e Address (including postcode	e)					
		,					
E-Ma	ail Address	Home Tel No		Mobile N	lo		
	e provide the home address h		s/Partners	/Trustees w	ho have not		
reside	ed at the above address for the	e last 5 years.					
Addı	ress (history for last 5 years)	Postcode	Date I		Date To		
			(Mont	h/Year)	(Month/Year)		

6.	. Have you or anyone else named on this application held a Short Term Let Licence:						
	Yes	No					
	es, please provide the Licensee licence and the type of short te		of the Licensing Authority w	ho granted			
<u>Pa</u>	rt 2 : Premises Details						
7.	Premises Address (including pe	ostrode)	1				
	Tremises Address (medding po	osicouc ₎					
	Unique Property Reference Nu	mber (if known)					
	Number of Bedrooms						
	Proposed Maximum Number o	f Occupants					
	EPC rating (if premises current required for home sharing or un accommodation)	, ,					
	,		1				
8.	Please select the type of sh	ort-term let licence	you require:				
	Home Sharing		Home Letting				
	Home Sharing & Home Lett	ting	Secondary Letting				
9.	Please select the type of pr	emises proposed:					
	Detached House		Semi-detached House				
	Terraced House		Flat				
	Unconventional Accommod	ation					

10.	From the following options, please select the description that best describes your short-term let:							
	Self-Caterii	ng] B&	В			
	Guest Hous	se	Other Form of Home S			Sharing		
	Home Letti	ng						
11.	Do you hav	/e or intend to app	ooint	an agent or da	y-to-da	ay Manager:		
	Yes			No				
	answered y ger(s)	es to Q11 pleas	e pro	ovide details o	f your	agent(s) or	day to day	
Full	Name	Address (5 year address history)		Date of Birth	E-ma	ail Address	Telephone Number	
Part 3	3: Convictio	ons en						
To be	completed	by ALL categori	es of	f applicant.				
Has	anybody nan	ned on the applica	ation	been convicted	d of an	y offence	YES / NO	
(An เ reha	unspent conv	etails of any unsp viction is a crimina iod. In other word	l con	viction that is s	till witl	hin the cons		
Nam		Date	Co	ourt	Offe	nce	Sentence	
	•	l oplied for and bee ar type of activity	n refi	used a Licence	for	Yes / No	<u> </u>	

If Yes, when was the application refused	
ii res, when was the application refused	
For which type of activity were you refused	
Which authority refused you a Licence	

Part 4: Checklist

I have enclosed the following documents with this application – please tick all that apply:

Site Plan	
Floor/Layout Plan	
Planning Certificate*	
Fee of £100 (with remaining fee payable at confirmation stage)	
Joint Owner(s) consent declaration (if applicable)	

^{*} Please note separate, additional fees are payable to the Planning Service for the relevant Planning Certificate.

Part 5: 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	
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	

SI	G١	NA	T	U	R	E	S

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.