|  |  |
| --- | --- |
|  | Falkirk Council Licensing Unit  Foundry  4 Central Park  Central Boulevard  Larbert  FK5 4RU  Telephone: 01324 501575  E- mail: licensing@falkirk.gov.uk |

**Housing (Scotland) Act 2006,**

**Part 5 Licensing of Houses in Multiple Occupation**

**Application for variation to a House in Multiple Occupation Licence**

**Notes;**

1. The application form is split into two parts and should be completed as follows: -
   * Part A of the application form relates to the existing licence, this part requires to be fully completed.
   * Part B of the application form relates to the variation of the licence, complete the parts applicable to the variation.

**PART A**

**EXISTING LICENCE DETAILS**

**Question 1**

|  |  |
| --- | --- |
| Licence Number |  |
| Expiry Date of Licence |  |

**Question 2**

Details of current licence holder

|  |  |
| --- | --- |
| (a) Name on licence |  |
| (b) Address on current licence |  |
| (c) Name and address of current day to day manager (if applicable) |  |

**Question 3**

Premises

|  |  |
| --- | --- |
| (a) Name (if any) and address of premises to which licence relates |  |

**PART B**

**VARIATION DETAILS – COMPLETE PARTS WHICH ARE APPLICABLE**

**Question 4**

Change of day to day manager

|  |  |  |
| --- | --- | --- |
| Full Name | Private Address | Date and Place of Birth |
|  |  |  |

|  |  |
| --- | --- |
| E-mail Address |  |
| Mobile Telephone Number |  |
| Home Telephone Number |  |
| Works Telephone Number |  |

**Question 5**

Change of directors/partners

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name | Date of Birth | Address | Add or delete |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Question 6**

Details of any other variation proposed.

**Date:­­­­­­­­­­­­……………………… Signature of applicant: ………………………………………………..**

**or agent**

**Agents address: ………………………………………………………..**

**…………………..………………………………………………………**

**Contact Telephone Number:…………………………………………..**

Please indicate where all correspondence should be sent to applicant/agent/manger. Also where possible provide e-mail address for correspondence where appropriate.

Applicant □ Agent □ Manager □

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form within this authority for the prevention and detection of fraud.  It may also share this information with other bodies administering public funds solely for these purposes.