|  |  |
| --- | --- |
|  | Falkirk Council Licensing UnitThe Foundry4 Central BoulevardCentral ParkLarbertFK5 4RUTelephone: 01324 501575E- mail: licensing@falkirk.gov.uk |

**The Civic Government (Scotland) Act 1982**

**(Licensing of Short-Term Lets) Order 2022 as amended**

**Application for Transfer of Short-Term Let Licence**

**Please note, only the current licence holder(s) or person(s) authorised to act on behalf of the licence holder(s) can make an application to transfer the Licence**

**Part A - must be completed by the current licence holder(s) or person(s) authorised to act on behalf of the licence holder(s)**

**Part B – must be completed by the transferee**

**PART A**

**SECTION 1 – LICENCE DETAILS**

**Question 1**

|  |  |
| --- | --- |
| Current Licence Number: |  |
| Premises Address (including postcode) |  |
| I have enclosed my Licence with this application | YES/NO |

 If No, you must provide reasons for failing to do so. Please set out your reasons below:

**SECTION 2: APPLICANT INFORMATION**

**Question 2**

|  |  |
| --- | --- |
| Are you the current licence holder | YES/NO |

 If No, please explain why you are making this application:

Please provide the full name and address including postcode of the current licence holder below:

|  |  |  |
| --- | --- | --- |
| Full Name | Address | Postcode |
|  |  |  |
|  |  |  |

**Question 3**

**Each licence holder(s) or person authorised to act on behalf of each licence holder(s) must consent to the transfer of the licence to the transferee.**

|  |  |
| --- | --- |
| Have you included a consent declaration from the licence holder/joint licence holder or person authorised to act on behalf of the licence holder/joint licence holder with this application | YES/NO |

**SECTION 3 – OWNERSHIP OF THE PREMISES**

**Question 4**

|  |  |
| --- | --- |
| Does the licence holder/joint licence holder own the licensed premises | YES/NO |
| If Yes, does the licence holder/joint licence holder share ownership | YES/NO |

**If the licence holder/joint licence holder does not own, or is not the sole owner of the premises, please provide the full name and address of each owner below:**

|  |  |  |
| --- | --- | --- |
| Full Name | Address | Postcode |
|  |  |  |
|  |  |  |
|  |  |  |

**Question 5**

**Each owner(s) or person authorised to act on behalf of the owner(s) must consent to the transfer of the licence to the transferee**

|  |  |
| --- | --- |
| Have you included a consent declaration from each owner(s) or person authorised to act on behalf of the owner(s) with this application | YES/NO |

**SECTION 4 – TRANSFEREE DETAILS**

**Question 6**

Is the Licence to transfer to an Individual or Corporate Entity, tick one box below: Individual [ ]  Corporate Entity [ ]

**Individual Details:**

|  |  |
| --- | --- |
| Full Name |  |
| Home Address (including postcode) |  |

**Corporate Entity Details:**

|  |  |
| --- | --- |
| Full name of partnership, company, trust or charity. |  |
| Limited company number (if applicable) |  |
| Address of principal/registered office including postcode. |  |

**SECTION 4 - CHECKLIST**

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

|  |  |
| --- | --- |
| Short-Term Let Licence |  |
| Joint Licence Holder consent to transfer *(if applicable)* |  |
| Owner consent to transfer *(if applicable)* |  |

**SECTION 5 - DECLARATION**

**Falkirk 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.**

**INDIVIDUAL PERSON**

I declare that the information given in this application is correct.

Date:

Signature of applicant/agent:

Or Agent address:

**COMPANY / PARTNERSHIP, (\*Insert company / partnership name)**

On behalf of \* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I declare that the information given in this application is correct.

Date:

Signature of person authorised to sign on behalf of company/partnership/trust/charity:

Address of Signatory (if not already specified in the application form)

|  |
| --- |
| Please indicate where all correspondence should be sent to applicant/agent/manager. Also, where possible provide an e-mail address for correspondence where appropriate.Applicant [ ]  Agent [ ]  Manager [ ] E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**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.**

N.B. Any person who in, or in connection with, the making of this application makes any statement which he/she knows to be false or recklessly makes any statement which is false in a material matter shall be guilty of an offence and liable, on summary conviction, to a fine.

Your privacy is important to us. You can find out how we deal with your personal information here <http://www.falkirk.gov.uk/privacy/law-licensing/licensing/>

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

**APPLICATION FOR**

**TRANSFER OF SHORT-TERM LET LICENCE**

**PART B**

**To be completed by the Transferee**

**SECTION 1 – TRANSFEREE DETAILS**

**Question 1**

Is the Licence to transfer to an Individual or Corporate Entity, tick one box below:

Individual [ ]  Corporate Entity [ ]

**Individual Details:**

|  |  |
| --- | --- |
| Full Name |  |
| Date and Place of Birth |  |
| Address (including postcode) |  |
| 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)* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

 **Corporate Entity Details:**

|  |  |
| --- | --- |
| Full name of partnership, company, trust or charity. (If a partnership a copy of the agreement must be submitted with the application). |  |
| Limited company number (if applicable) |  |
| Address of principal/registered office including postcode. |  |
| Telephone number of principal/registered office. |  |
| E-mail Address |  |

Names, private addresses and place and date of birth of its directors, partners, or other persons responsible for its management including trustees in the case of charities. (Continue on a separate sheet if necessary).

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

**SECTION 2 – OWNERSHIP OF THE PREMISES**

 **Question 2**

|  |  |
| --- | --- |
| Will you be the sole owner of the premises at the point of the Licence being transferred | YES/NO |

If you will not be the sole owner, please provide the full name and address of each joint owner below

|  |  |  |
| --- | --- | --- |
| Full Name | Address | Postcode |
|  |  |  |
|  |  |  |
|  |  |  |

**Each owner(s) or person authorised to act on behalf of the owner(s) must consent to the property being used as a short-term let**

|  |  |
| --- | --- |
| Have you included a consent declaration from each owner(s) or person authorised to act on behalf of the owner(s) with this application | YES/NO |

**SECTION 3 – AGENT/MANAGER DETAILS**

**Question 3**

|  |  |
| --- | --- |
| Do you have or intend to appoint any agent or day-to-day manager for the property? | YES/NO |

If you have answered yes to the above question please provide details of your agent or day to day manager. Please also include all other named persons to be on the licence.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Full name** | **Role** | **5-year address history** | **Date and Place of Birth** | **Email address** | **Telephone number** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

 **SECTION 4 – PREVIOUS/OTHER SHORT-TERM LET LICENCE DETAILS**

**Question 4**

|  |  |
| --- | --- |
| Have your or anyone named in Part 1 of the application form held a short-term let licence previously? | YES/NO |

If Yes, please provide the licensee’s full name, name of the Licensing Authority who granted the Licence, and the type of short-term let:

|  |  |
| --- | --- |
| Have you or anyone named in Part 1 of the application been refused a licence previously? | YES/NO |

If Yes, please provide the licensee’s full name, name of the Licensing Authority who refused the licence and the type of licence refused and the date of refusal below:

**SECTION 5 – INSURANCE**

**Question 5**

|  |  |
| --- | --- |
| Do you have building insurance in place, which covers the activity of short-term letting(*if yes, please provide a copy of the documentation with this application)* | YES/NO |
| Do you have public liability insurance in place, which covers the activity of short-term letting(*if yes, please provide a copy of the documentation with this application)* | YES/NO |

**SECTION 6 – CRIMINAL CONVICTIONS**

**Question 6**

|  |  |
| --- | --- |
| Have you or any other person named at Part 1 of the application been convicted of any offence? | YES/NO |

**Please include details of any unspent convictions in the table below:**

Failure to disclose all current convictions/conditional offers etc may result in the application being returned to the applicant. (Continue on a separate sheet if necessary).

**(a) Convictions**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Date | Offence | Court or Country outwith UK | Sentence/Penalty |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**(b) Conditional Offers and Fixed Penalties**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Date | Offence | Court or Country outwith UK | Sentence/Penalty |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**SECTION 7 - CHECKLIST**

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

|  |  |
| --- | --- |
| Building Insurance Certificate |  |
| Public Liability Insurance Certificate to the value of £2million. |  |
| Joint Owner consent *(if applicable)* |  |
| Portable Appliance Testing Report *(if applicable) – see guidance notes* |  |
| **Proof that furniture and furnishings/the furniture and furnishings guests have access to comply with fire safety regulations *(if applicable) – see guidance notes*** |  |

**SECTION 8 - DECLARATION**

**Falkirk 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.**

**INDIVIDUAL PERSON**

I declare that the information given in this application is correct.

Date:

Signature of applicant/agent:

Or Agent address:

**COMPANY / PARTNERSHIP, (\*Insert company / partnership name)**

On behalf of \* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I declare that the information given in this application is correct.

Date:

Signature of person authorised to sign on behalf of company/partnership/trust/charity:

Address of Signatory (if not already specified in the application form)

|  |
| --- |
| Please indicate where all correspondence should be sent to applicant/agent/manager. Also, where possible provide an e-mail address for correspondence where appropriate.Applicant [ ]  Agent [ ]  Manager [ ] E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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