

# Additional / Mandatory Licence Application for House in Multiple Occupation (HMO)

Type of application (please tick appropriate form):

- New Licence  
 Variation of an existing licence

For queries on this application form, call the Barnet HMO Licensing team on 020 8359 5355 or email us on [HMOs@barnet.gov.uk](mailto:HMOs@barnet.gov.uk) or write to us at London Borough of Barnet, Private Sector Housing Team, 2 Bristol Avenue, Colindale, London, NW9 4EW

## SECTION 1 – ADDRESS OF THE PROPERTY TO BE LICENSED

**1.1 Please provide the address of the property for which you are seeking a licence:**

Address:

Postcode:

## SECTION 2 – DETAILS OF PERSON FILLING OUT THIS FORM (APPLICANT)

The applicant will normally be the proposed licence holder but may be somebody nominated by the proposed licence holder.

**2.1 Please provide details of the applicant:**

Title: Mr  Mrs  Miss  Ms  Other \_\_\_\_\_

First name:

Last name:

Address:

Postcode:

Date of birth:

Tel No (s):

Email address (if any):

Interest in the property:

Please state the principal UK address where documents may be served. For limited companies, this should be the company's registered office:

**SECTION 3 – PERSON TO BE NAMED ON THE LICENCE (PROPOSED LICENCE HOLDER)**

The Authority will consider, amongst other matters, whether the proposed licence holder has authority to comply with the licence conditions.

|   |                              |                             |
|---|------------------------------|-----------------------------|
| <b>3.1</b> Is the applicant the proposed licence holder?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <b>3.2</b> If no, please provide details of the proposed licence holder:  |                              |                             |
| Title:    Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other _____  |                              |                             |
| First name:   |                              |                             |
| Last name:  |                              |                             |
| Address:  |                              |                             |
|   |                              |                             |
| Postcode:   |                              | Date of birth:              |
| Tel No (s):   |                              |                             |
| Email address (if any):   |                              |                             |
| Attended any accredited training schemes?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| A member of any landlords' association?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| The London Landlord Accreditation Scheme (LLAS) is an accredited scheme. For further details see their website at: <a href="http://www.londonlandlords.org.uk">http://www.londonlandlords.org.uk</a> .      |                              |                             |
| Property Manager:   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Collects the rent:  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <b>3.3</b> Does the proposed licence holder currently hold any other licences under Part 2 or Part 3 of the Housing Act 2004 whether in the London Borough of Barnet or in another local housing authority? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <b>3.4</b> If yes, please provide property address(es) and the local authority.   |                              |                             |

**SECTION 4 - DETAILS OF PROPOSED MANAGER OF THE PROPERTY**

|  |  |
|--|--|
| <b>4.1</b>   |  |
| Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other _____  |  |
| First name:  |  |
| Last name:   |  |
| Address:   |  |
|  |  |
|  |  |
| Postcode:  | Date of birth:   |
| Tel No (s):  |  |
| Email address (if any):  |  |
| Attended any accredited training schemes?  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| A member of any landlords' association?  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| The London Landlord Accreditation Scheme (LLAS) is an accredited scheme. For further details see their website at: <a href="http://www.londonlandlords.org.uk">http://www.londonlandlords.org.uk</a> . |  |
| 24-hour contact number for repairs or other emergencies:   |  |
| Please state the principal UK address where documents may be served. For limited companies, this should be the company's registered office:  |  |
|  |  |
| <b>4.2</b> Is the proposed manager the agent or employee of the person with control of the property?   | Yes <input type="checkbox"/> No <input type="checkbox"/> |

**SECTION 5 - DETAILS OF THE PERSON RECEIVING THE RENT FOR THE PROPERTY – ON OWN ACCOUNT OR AS AN AGENT OR TRUSTEE FOR ANOTHER (THIS PERSON IS THE PERSON HAVING CONTROL OF THE PROPERTY)**

|   |  |
|---|--|
| <b>5.1</b> Does the applicant have control of the property?   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>5.2</b> If no, please provide details of the person having control of the property:  |  |
| Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other _____ |  |
| First name:   |  |
| Last name:  |  |
| Address:  |  |
|   |  |
|   |  |
| Postcode:   | Date of birth:   |
| Tel No (s):   |  |
| Email address (if any):   |  |
| Interest in the property:   |  |

Please state the principal UK address where documents may be served. For limited companies, this should be the company's registered office:

Property Manager:      Yes       No

Owner:

Mortgagee:

Mortgage Roll Number:

**SECTION 6 - DETAILS OF ANY PERSON (OTHER THAN THE PROPOSED LICENCE HOLDER) WHO WILL BE BOUND BY A CONDITION IN THE LICENCE**

**6.1** Please provide details of any person other than the proposed licence holder who has agreed to be bound conditions contained in the licence:

Title:      Mr       Mrs       Miss       Ms       Other \_\_\_\_\_

First name:

Last name:

Address:

Postcode:

Date of birth:

Tel No (s):

Email address (if any):

Interest in the property:

Please state the principal UK address where documents may be served. For limited companies, this should be the company's registered office:

## SECTION 7 - FIT AND PROPER PERSONS

The Authority **must** satisfy itself that the **proposed licence holder, the proposed manager and all the people proposed to be involved in the management of the property** (if they are different people) are **fit and proper persons** to hold a licence or to manage an HMO. To enable us to satisfy this legal requirement the licence applicant must answer the following questions. This question is not limited to properties within the London Borough of Barnet.

It is **not** necessary to disclose convictions which are spent under the Rehabilitation of Offenders Act 1974.

|  |   |                              |                             |
|--|---|------------------------------|-----------------------------|
| <b>7.1</b>   | Have any of these persons been convicted of any offence involving fraud, dishonesty, violence, drugs or offences listed in schedule 3 of the Sexual Offences Act 2003 (offences attracting notification requirements)?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <b>7.2</b>   | Has any tribunal found that any of these persons have practised, unlawful discrimination on grounds of sex, colour, race, ethnic or national origins or disability in or in connection with any business?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <b>7.3</b>   | Have any of these persons contravened any Housing, Public Health, Environmental Health or Landlord and Tenant Law, (including harassment illegal eviction) which led to any civil or criminal proceedings resulting in a judgement against them?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <b>7.4</b>   | Has any HMO or house of which any of these persons were the owner or manager been subject to enforcement action under Section 5(2) of the Housing Act 2004 (concerning a category 1 hazard)?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <b>7.5</b>   | Has any property of which any of these persons were the owner or manager been refused a licence under Part 2 or 3 of the Housing Act 2004?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <b>7.6</b>   | Has any property of which any of these persons were the owner or manager had a licence under Part 2 or 3 of the Housing Act 2004 revoked?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <b>7.7</b>   | Has any property of which any of these persons were the owner or manager been the subject of an interim management order, special interim management order, or final management order under the Housing Act 2004?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <b>7.8</b>   | Have any of these persons been found by any local authority to have contravened an Approved Code of Practice under the Housing Act 2004 Section 233?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If you have answered <b>YES</b> to any of questions 7.1 to 7.8, please give details including dates: |   |                              |                             |
| <b>7.9</b>   | To the best of your knowledge, has any person associated or formerly associated with any of these persons (whether on a personal, work or other basis) done any of the things set out in 7.1 to 7.8 (above). If yes, please give full details including how you are associated with the other person. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**SECTION 8 - DETAILS OF THE PROPERTY**

|             |  |   |
|-------------|--|---|
| <b>8.1</b>  | Age of building (approximate):   | Please select one:<br>Pre 1919 <input type="checkbox"/><br>1919 – 44 <input type="checkbox"/><br>1945 – 64 <input type="checkbox"/><br>1965 – 80 <input type="checkbox"/><br>Post 1980 <input type="checkbox"/> |
| <b>8.2</b>  | Please indicate the type of property for which you are seeking a licence?<br>a) House in multiple occupation <input type="checkbox"/><br>b) Flat in multiple occupation <input type="checkbox"/><br>c) Building converted into and comprising of self-contained flats <input type="checkbox"/> |   |
| <b>8.3</b>  | If the property is converted into self contained flats did it comply with Building Regulations in force at that time?  | Yes <input type="checkbox"/> No <input type="checkbox"/><br>Don't know <input type="checkbox"/>   |
| <b>8.4</b>  | What date was the property converted?  |   |
| <b>8.5</b>  | Total number of storeys:   |   |
| <b>8.6</b>  | On what levels are the storeys situated e.g. basement, ground floor, etc.?   |   |
| <b>8.7</b>  | Number of separate letting units in the property:<br>Of those, how many are self-contained?  |   |
| <b>8.8</b>  | Is there a resident landlord?  | Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| <b>8.9</b>  | Number of households occupying the property (excluding resident landlord and any family members):  |   |
| <b>8.10</b> | Number of people occupying the property:   |   |
| <b>8.11</b> | Number of habitable rooms (excluding kitchens):  |   |
| <b>8.12</b> | Number of bathrooms and shower rooms:  |   |
| <b>8.13</b> | Number of toilets in the property:   |   |
| <b>8.14</b> | Number of washbasins:  |   |
| <b>8.15</b> | Number of kitchens in property:  |   |
| <b>8.16</b> | Number of sinks (with hot and cold water supply and a draining board) in the property:   |   |
| <b>8.17</b> | Does the property have a system of fire detection?   | Yes <input type="checkbox"/> No <input type="checkbox"/>  |

|  |   |
|--|---|
| <p><b>8.18</b> Please give details of the number and location of smoke alarms, heat alarms, smoke or heat detectors (these should be shown on the plan):</p>   |   |
| <p><b>8.19</b> Please provide details of fire escape routes including location of fire proof doors (these should also be shown on the plan):</p>   |   |
| <p><b>8.20</b> Please provide details of fire safety training provided to occupiers:</p>   |   |
| <p><b>8.21</b> Do all gas installations and appliances meet the Gas Safety (Installation and Use) Regulations 1998 (as amended)?</p>   | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| <p><b>8.22</b> Does the property have the necessary planning permission for use as an HMO?<br/><br/>Most HMOs in the borough require planning permission. For more information go to <a href="http://www.barnet.gov.uk/planning-and-building">www.barnet.gov.uk/planning-and-building</a></p>  | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| <p><b>8.23</b> Does all furniture supplied for the benefit of the occupiers meet the requirements of the Furniture and Furnishings (Fire) (Safety) Regulations 1988 (as amended)?</p>  | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| <p><b>8.24</b> Does the property have an EPC rating of E or better?</p>  | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| <p><b>8.25</b> Does the property comply with the Homes (Fitness for Human Habitation) Act 2018?<br/><br/>For more information go to:<br/><a href="https://www.gov.uk/government/publications/homes-fitness-for-human-habitation-act-2018">https://www.gov.uk/government/publications/homes-fitness-for-human-habitation-act-2018</a></p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> |

**SECTION 9 - DETAILS OF THE PROPERTY MANAGEMENT**

|            |  |  |
|------------|--|--|
| <b>9.1</b> | Are the licence holder and manager aware of the requirements of the 'Management of Houses in Multiple Occupation (England) 2006 Regulations' and the 'Licensing and Management of House in Multiple Occupation (Additional Provisions) England Regulation 2007'?   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>9.2</b> | Have all the AST (Assured Shorthold Tenancy) tenancies issued since April 2007 been deposited with an approved tenancy deposit scheme?<br><br>For more information go to:<br><a href="http://www.direct.gov.uk/en/HomeAndCommunity/PrivateRenting/Tenancies/DG_189120">http://www.direct.gov.uk/en/HomeAndCommunity/PrivateRenting/Tenancies/DG_189120</a> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>9.3</b> | Are checks made to ensure that a tenant or lodger can legally rent the property?<br><br>For further information please visit the Government's website on:<br><a href="https://www.gov.uk/check-tenant-right-to-rent-documents">https://www.gov.uk/check-tenant-right-to-rent-documents</a>   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>9.4</b> | Are the licence holder and manager aware of the Tenants Fees Act 2019?<br><br>For further information please visit the Government's website on:<br><a href="https://www.gov.uk/government/publications/tenant-fees-act-2019-guidance">https://www.gov.uk/government/publications/tenant-fees-act-2019-guidance</a>   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>9.5</b> | Does the proposed manager:   |  |
|            | Collect the rent   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|            | Manage tenancy issues  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|            | Deal with any occurrences of anti-social behaviour at the property   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|            | Have authority to complete repairs   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|            | Have responsibility for on-going repairs and property maintenance  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|            | Manage the provisions of services e.g. gas, electricity etc  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|            | Ensure that rubbish is disposed of without causing a nuisance?   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|            | Ensure that the property is clean  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|            | Maintain the external areas including any gardens and yards are maintained   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|            | If no please provide details of who does   |  |
| <b>9.6</b> | Is there a pest control contract in place?   | Yes <input type="checkbox"/> No <input type="checkbox"/> |



**SECTION 10 – LICENCE FEE**

| <b>Mandatory Licence Fee</b> |   | <b>Fee</b>  |
|------------------------------|---|---|
| <b>10.1</b>                  | New Licence fee up to and including 5 units of accommodation (paper application)          | <b>£1546</b><br>Divided into:<br>Fee 1: £714<br>Fee 2: £832 |
| <b>10.2</b>                  | Assisted New Licence fee up to and including 5 units of accommodation (paper application) | <b>£1647</b><br>Divided into:<br>Fee 1: £833<br>Fee 2: £814 |
| <b>10.3</b>                  | Each extra unit of accommodation over 5 units   | <b>£29</b>  |
| <b>10.4</b>                  | Fee associated with an abortive visit (per HMO)   | <b>£89</b>  |
| <b>10.5</b>                  | Change in nominated Manager   | <b>£0</b>   |

| <b>Additional Licence Fee</b> |   |   |
|-------------------------------|---|---|
| <b>10.6</b>                   | New Licence fee up to 5 units of accommodation (paper application)          | <b>£1403</b><br>Divided into:<br>Fee 1: £648<br>Fee 2: £755 |
| <b>10.7</b>                   | Assisted New Licence fee up to 5 units of accommodation (paper application) | <b>£1495</b><br>Divided into:<br>Fee 1: £756<br>Fee 2: £739 |
| <b>10.8</b>                   | Each extra unit of accommodation over 5 units                               | <b>£26</b>  |
| <b>10.9</b>                   | Fee associated with an abortive visit (per HMO)                             | <b>£82</b>  |
| <b>10.10</b>                  | Change in nominated Manager   | <b>£0</b>   |

| <b>Discounts - only one discount per application</b> |  |                              |
|--|--|------------------------------|
| <b>10.11</b>   | 10% discount for membership of a landlord accreditation scheme. Please state the name of the scheme and provide membership number: |                              |
| <b>10.12</b>   | 10% discount for registered charity<br>Please provide charity name and registration number:  |                              |
|  |  | <b>Total fee tendered:</b> £ |

| <b>Paying for your licence</b>  |
|---|
| You will be contacted by a member of the HMO Technical Support team to make payment. This usually happens once the team have validated your application form. Should you have any queries regarding this issue please phone 020 8359 5355 or email <a href="mailto:HMOs@barnet.gov.uk">HMOs@barnet.gov.uk</a> |

**SECTION 10: PEST CONTROL**

|   |
|---|
| Landlords and agents with licensed houses in multiple occupation (HMOs) can apply for a 20% discount on all pest treatments from <b>RE</b> (London Borough of Barnet is working with RE (Regional Enterprise) Ltd, a new joint venture between the Council and Capita plc) or 20% off the price of an annual monitoring and treatment contract. All discounts apply for the duration of the licence period. Call 020 8359 7799 and quote your licence number to secure your discount. Pest treatments include rats, mice, bedbugs, cockroaches, fleas, wasps, moths and ants. |
|---|

**SECTION 11 – DECLARATION**

I/we declare that the information contained in this application is correct to the best of my/our knowledge. I/we understand that I/we commit an offence if I/we supply any information to a local housing authority in connection with any of their functions under any of Parts 1 to 4 of the Housing Act 2004 that is false or misleading and which I/we know is false or misleading or am/are reckless as to whether it is false or misleading.

|   |  |
|---|--|
| <b>Signed:<br/>(all applicants)</b>   |  |
| <b>Date:</b>  |  |
| <b>Signed:<br/>The licence holder(s)<br/>(if different to the<br/>applicant(s))</b> |  |
| <b>Date:</b>  |  |

**SECTION 12 - AUTHORISATIONS**

Section 247 of the Housing Act 2004, enables the transmission of documents and Licenses in electronic form, for example by email, relevant to Parts 1 to 4 of the Act. The term ‘document’ includes anything in writing and the term ‘relevant document’ means anything in writing that the Local Authority have a duty to serve on any person. It is a pre-requisite of sending documents in electronic form that the Local Authority receives confirmation from the recipient(s) that they are willing to receive licenses and relevant documents in this manner. Therefore, should you wish to receive information in this manner, please complete the authorisation below.

At any time should you wish to cancel or modify this agreement, you may do so either by writing in or emailing [hmos@barnet.gov.uk](mailto:hmos@barnet.gov.uk) stating your name, address and contact telephone number.

I/we declare that I/we have read the statement above and are willing to receive licenses and any other relevant documents in electronic form.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

## SECTION 13 – DOCUMENTS/FEE TO BE SENT IN:

|    |   |                          |
|----|---|--------------------------|
| 1. | A simple floor plan showing the use of each room e.g. bedroom, kitchen, bathroom and the floor area for bedrooms and kitchens | <input type="checkbox"/> |
| 2. | Copy of the most recent Landlord's Gas Safety Record  | <input type="checkbox"/> |
| 3. | Copy of the current Electrical Installation and Condition Report  | <input type="checkbox"/> |
| 4. | Copy of the Portable Appliance Test (PAT) certificate   | <input type="checkbox"/> |
| 5. | Copy of a current Fire Detection and Alarm System Inspection and Servicing Report   | <input type="checkbox"/> |
| 6. | Copy of Emergency Lighting Periodic Inspection and Testing Certificate (where applicable)                                     | <input type="checkbox"/> |
| 7. | A copy of the Energy Performance Certificate (EPC) (where applicable)   | <input type="checkbox"/> |
| 8. | Copies of tenancy agreements  | <input type="checkbox"/> |

## SECTION 14 - NOTIFICATION REQUIREMENTS

You must let certain persons know in writing that you have made this application or give them a copy of it. The persons who need to know about it are –

- Any mortgagee of the property to be licensed
- Any owner of the property to which the application relates (if that is not you) i.e. the freeholder and any head lessors who are known to you
- Any other person who is a tenant or long leaseholder of the property or any part of it (including any flat) who is known to you other than a statutory tenant or other tenant whose lease or tenancy is for less than three years (including a periodic tenancy)
- The proposed licence holder (if that is not you)
- The proposed managing agent (if any) (if that is not you)
- Any person who has agreed that he will be bound by any conditions in a licence if it is granted.

You must tell each of these persons-

- Your name, address, telephone number and email address or fax number (if any)
- The name, address, telephone number and email address or fax number (if any) of the proposed licence holder (if it will not be you)
- Whether this is an application for an HMO licence under Part 2 of the Housing Act 2004
- The address of the property to which the application relates
- The name and address of the local housing authority to which the application will be made
- The date the application will be submitted

A form is attached which you may use this for this purpose. If you need more than one form, you can photocopy this one or download another from our website.

## SECTION 15 - PRIVACY STATEMENT

Barnet Council has a duty to protect the public funds it administers and may use the information you have provided for the prevention and detection of crime. We may also share information with other council departments or external organisations in order to undertake our functions as a local authority. We will always comply with the requirements of the Data Protection Act 1998 and never give information about you to anyone else or use information for another purpose unless the law allows us. If you want to know more about how your information is used visit [www.barnet.gov.uk/privacy](http://www.barnet.gov.uk/privacy)

**SECTION 16 – STATUTORY NOTIFICATIONS**

I/we declare that I/we have served a notice of this application (a copy is attached at the back of this form) on the following persons who are the only persons known to me/us that are required to be informed that I/we have made this application:

| <b>Signed:<br/>(all applicants)</b>   |         |   |                 |
|---|---------|---|-----------------|
| <b>Date:</b>  |         |   |                 |
| <b>Signed:<br/>The licence holder(s)<br/>(if different to the<br/>applicant(s))</b> |         |   |                 |
| <b>Date:</b>  |         |   |                 |
| Name  | Address | Description of the person's interest in the property or the application | Date of service |
|   |         |   |                 |
|   |         |   |                 |
|   |         |   |                 |
|   |         |   |                 |

# NOTIFICATION OF INTENTION TO APPLY FOR AN HMO LICENCE

Name and Address of person you must notify:

|     |  |  |
|-----|--|--|
| 1.  | This document is to inform you that I (your full names)  |  |
| 2.  | Of (your address)  |  |
| 3.  | My telephone number is   |  |
| 4.  | My email address or fax number is  |  |
| 5.  | Intend on (intended date of Application) to apply under Part 2 of the Housing Act 2004 to the London Borough of Barnet |  |
| 6.  | for an HMO licence in respect of (Address of HMO to be licensed)   |  |
| 7.  | The <b>licence holder</b> will be (if not you)   |  |
| 8.  | Of (licence holder's address)  |  |
| 9.  | The <b>licence holder's</b> telephone number is  |  |
| 10. | The <b>licence holder's</b> email address or fax number is   |  |

**Signed** Licence Applicant(s):

**Date:**



## PREMISES PLAN

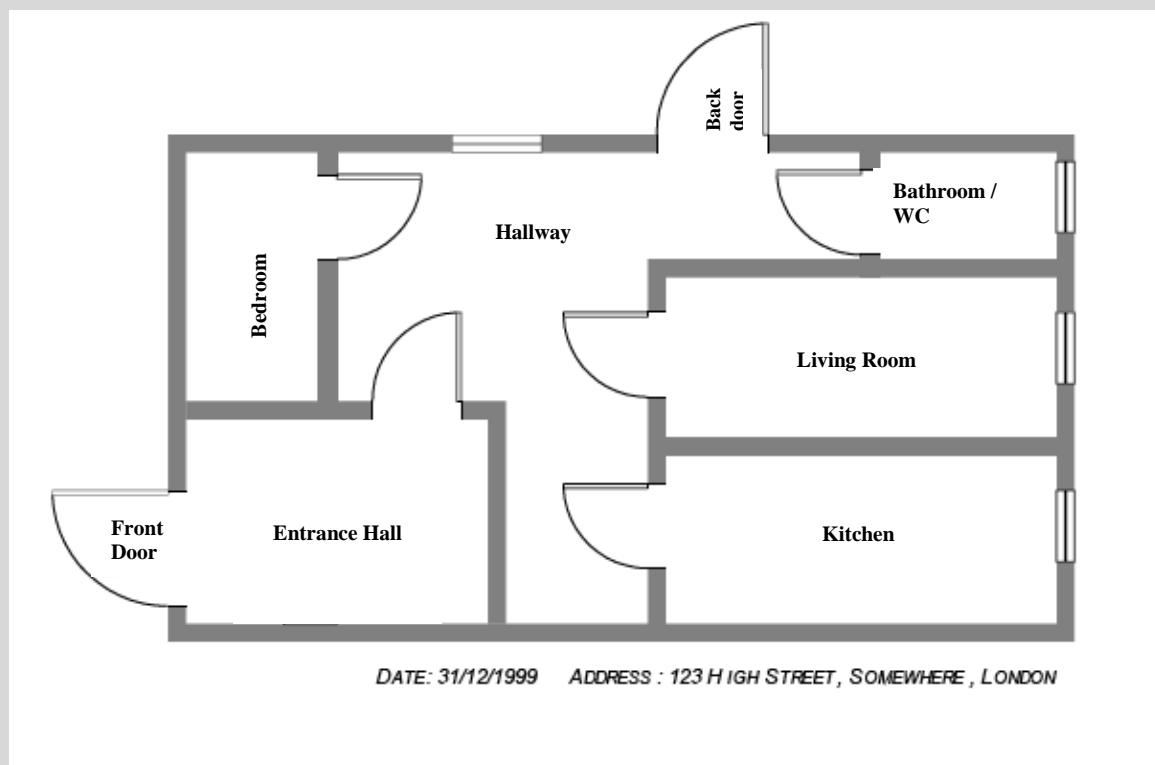
To help the Fire Authority and the Environmental Health Department assess the application, please draw a simple floor plan of the entire premises (all levels) overleaf. Plan to include dimensions of all rooms and any en-suite toilet or shower facilities.

Please also include:

- Doorways and openings;
- Entrance and exits;
- All stairways;
- External and separating walls;
- Internal walls and columns;
- Description of rooms e.g. kitchens, bathrooms
- Show facilities e.g. toilets, baths, showers

If you are struggling with your plans please apply for an assisted application as poor or inaccurate plans could lead to your licence application being rejected.

### EXAMPLE



**PREMISES PLAN**

