





#### THE CIVIC GOVERNMENT (SCOTLAND) ACT 1982 (LICENSING OF SHORT-TERM LETS) **ORDER 2022** APPLICATION FOR A SHORT-TERM LET LICENCE

PLEASE READ GUIDANCE NOTES SUPPLIED BEFORE COMPLETING THE FORM		
A. LICENCE DETA	AILS	
Tick one box only:		
Secondary Letting		
Home Letting		
Home Sharing		
Home Letting and H	lome Sharing	
Are you applying for	r a temporary licence?	YES / NO
B. APPLICANT DE	TAILS	
Tick one box only:	Individual Corporate Entity	
B.1 Individual Deta		
Full Name	Mrs Bresilda	L Haka
Home Address		
Post Code		
Tel. No		Mobile
If you have lived at the below to cover this p	this address for less than five years, you period.	ı must provide previous addresses

Place of Birth  Are you a Registered Landlord? YES NO  If yes, please provide your landlord registration number  B.2 Corporate Entity  Full Name of Person completing application  Full Name of Corporate Entity  Address of Registered or Principal Office  Post Code  Tel. No	Previous Address 1	
Previous Address 2  Post Code  If you have further address details to add, include these in the additional information sheet attached to this application.  Email  Date of Birth  Are you a Registered Landlord? YES NO  If yes, please provide your landlord registration number  B.2 Corporate Entity  Full Name of Person completing application  N/A  Address of Registered  Or Principal Office  Post Code  Tel. No		
Previous Address 2  Post Code  If you have further address details to add, include these in the additional information sheet attached to this application.  Email  Date of Birth  Are you a Registered Landlord? YES NO  If yes, please provide your landlord registration number  B.2 Corporate Entity  Full Name of Person completing application  N/A  Address of Registered  Or Principal Office  Post Code  Tel. No		
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Full Name of Corporate Entity  Address of Registered or Principal Office  Post Code  Tel. No	B.2 Corporate Entity	
Address of Registered or Principal Office  Post Code  Tel. No	Full Name of Person comp	eleting application N/A
or Principal Office  Post Code  Tel. No	Full Name of Corporate Er	ntity
Post Code Tel. No	Address of Registered or Principal Office	
Tel. No	·	
Tel. No		
	Post Code	
Email	Tel. No	
	Email	

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Full details of all Directors, Partners or other persons responsible for management of the entity (continue on the additional information sheet if necessary)		
Full Name		
Home Address		
Post Code		
Tel. No	Mobile	
Email		
Date of Birth	Age	
Place of Birth		
Full Name		
Home Address		
Post Code		
Tel. No	Mobile	
Email		
Date of Birth	Age	
Place of Birth		
Full Name		
Home Address		

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Post Code		
Tel. No	Mobile	
Email		
Date of Birth	Age	
Place of Birth		
C. DAY TO DAY MANA	AGEMENT OF THE PREMISES	
Do you intend to carry o	ut the day to day management of the premises? YES NO	
If no, provide the full det management of the prer	rails of the agent/day-to-day manager who will be responsible for mises:	
Full Name		
Home Address		
	/	
Post Code		
If the agent/day to day manager has lived at this address for less than five years, provide previous addresses below to cover this period.		
Previous Address 1		
Post Code		
Previous Address 2		
Post Code		
If you have further previous address details to add, include these in the additional information sheet attached to this application.		
Tel. No	Mobile	

Email		
Date of Birth	Age	
Place of Birth		
D. PREVIOUS/OTHER S	HORT-TERM LET LICENCE DETAILS	
Have you or anyone else i	named on this application held a short-term let licence?	YES NO
If yes, please provide the land the type of short-term	licensee's full name, name of licensing authority who grant let licence held	ed the licence
E. OWNERSHIP OF THE	PREMISES	
Do you own the premises/ you are seeking a licence	land on which the premises are located that for?	YES/NO
If yes, do you share owner	ship?	YES / NO
	ot the sole owner of the premises/land on which the premise full name(s) and address(es) of each owner (continue on sary):	
Full Name		
Home Address		
Post Code		
Post Code Full Name		
Full Name		
Full Name		
Full Name		

If you do not own or are not the sole owner of the premises, do you have permission of the owner(s), each other owner(s) or, person authorised to act on behalf of the owner(s)?		
_	nt declaration from each owner(s)/each other of on behalf of the owner(s) with this application	• •
F. PREMISES		
(including County)	1 WOODSIDE CALCOTS ROAD	
	ELGIN	
Post Code	IU3083W	
Please confirm the Moray C box.	council Ward where the premises are located b	y ticking the relevant
Ward 1 Speyside Glenlivet Ward 2 Keith and Cullen Ward 3 Buckie Ward 4 Fochabers Lhanbryde Ward 5 Heldon and Laich Ward 6 Elgin City North Ward 7 Elgin City South Ward 8 Forres		
Is the premises located within a National Park?  YES NO		
If yes, please confirm the National Park where the premises are located by ticking the relevant box.		
Cairngorms National Park Loch Lomond and Trossachs National Park		
Were the premises available for short-term let before 1 October 2022? YES / NO		
F.1 Description of the Premises		
Please give a general description of the type of the premises (e.g. bungalow, flat, unconventional dwelling, specify number of floors, etc) and enclose a detailed floor/layout plan. Your plan should indicate room sizes, fire escape routes, steps, stairs, elevators or lifts, accommodation intended for guests with mobility impairment as well as the extent and boundary of the building if relevant.		
END TEL HOUSE, 2 PlooRS, SEMI Rural Location		

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Please provide details of any third party accreditation or certification awarded to Visit Scotland Quality Assurance, date of award and number of stars awarded).	
F.1.1 Rooms	,
Total number of habitable rooms (include kitchen)	6
Total number of letting bedrooms	4
Total number of beds available for use by the guests	5
Total number of public rooms available for use by the guests	2
Total number of rooms used for owner/manager's private accommodation	0
F.1.2 Catering	
Do you offer Self Catering accommodation?	YES// NO
Do you offer Bed Only accommodation?	YES (NO)
Do you offer Bed & Breakfast/Full Board accommodation?	YES (NO)
F.2 General Safety and Standards	
F.2.1 Fire Safety  Does the premises have satisfactory equipment installed for detecting and giving warning of fire or suspected fire, and the presence of carbon monoxide?	(YES) NO
Do all upholstered furniture and furnishings intended for guest use or to which guests are permitted to have access to comply with the Furniture and Furnishings (Fire Safety) Regulations 1988?	YES) NO
If yes, do you have records to demonstrate compliance with the Furniture and Furnishings (Fire Safety) Regulations 1988?	YES NO
Have you completed Scottish Fire and Rescue Service's fire safety checklist?	YES NO

You must send a copy of the completed checklist to Moray Council with your lice	nce application.
F.2.2 Gas Safety Does the premises have a gas supply?	YES (NO)
If yes, please provide a copy of the most recent Gas Safety Certificate for the preapplication.	emises with this
F.2.3 Electrical Safety Do guests have access to electrical fittings within the premises?	(YES) NO
If yes, please provide a copy of the most recent Electrical Installation Condition Finstallations with this application.	Report on fixed
Do guests have access to electrical moveable appliances within the premises?	YES) NO
If yes, please provide a copy of the most recent Portable Appliance Testing Repo	ort on moveable
F.2.4 Water Safety Does the premises have a private water supply?	YES (NO
If yes, have you complied with the requirements set out in the Water Intended for Human Consumption (Private Supplies)(Scotland) Regulations 2017?	YES / NO
Have you completed a legionella risk assessment for the premises?  Please provide a copy of the risk assessment carried out with this application.	
F.2.5 Safety & Repair Standards Have you taken all reasonable steps to ensure the premises are safe for residential use?	YES// NO
Are the premises subject to the requirements of Chapter 4 of Part 1 of the Housing (Scotland) Act 2006?	(YES) NO
If yes, do the premises meet the repairing standard?	YES NO
F.2.6 Energy Performance Certificate  Does the premises have an Energy Performance Certificate issued within the last 10 years?	YES) NO
If yes, please enclose a copy of the Energy Performance Certificate with this app	lication.
If yes, please tick the box which indicated the Energy Performance Certificate Repremises.	ating for the
A B C D D E F	

F.2.7 Building Warrant Are you aware of any building work that has been carried out on the premises in the last 10 years?  Y  If yes, please specify	ES (NO)
Have you considered if a building warrant is required?	ES NO
If yes, please give the reference and date granted	
If no, please search "Do I need a building warrant?" at www.moray.gov.uk	
F.2.8 Insurance Specify the buildings insurance in force, including details of insurance company and cover. Enclose with the application a valid Insurance Certificate or other proof cover.	of insurance
Specify the public liability insurance in force, including details of insurance company of cover. Please note valid public liability insurance for not less than £5 million should for the duration of each short-term let. Enclose with the application a valid Insurance cover.	ıld be in place
	•••••
F.3 Planning Permission	
Have you considered if planning permission is required?  YES NO	
If yes, please give the reference and date granted	
If no, please search "Do I need planning permission?" at www.moray.gov.uk	

G. OCCUPANCY AND AVAILABILITY
Total number of guests you would like to accommodate at any one time in the premises [[0]]
Total number of adult guests 4 and total number of child (aged under 10) guests you would like to accommodate at any one time in the premises.
Total number of owner(s) family or family of the person(s) managing the premises and guests at one time.
Is the accommodation used by the owner(s) family or family of person(s) managing the premises entirely separate from the other guests accommodation?  YES NO
How often do you intend to make the premises available to guests? Please tick the box that applies.
Less than 3 months per year 3 to 6 months per year 6 to 9 months per year All year round
Other please describe
Do you hold a House in Multiple Occupation Licence in respect of the premises?

J. DECLARATION	
F so that it can be converged Paragraph 2(2) of the Civil	period of 21 days, display at or near the premises mentioned in Section eniently read by the public, a notice complying with the requirements of vic Government (Scotland) Act 1982. A form which may be used for this and you must submit a Certificate of Compliance to the Council.
Signature of applicant	
or	
Signature of Agent on behalf of applicant	Date
Agents Address	
	t the mandatory licence conditions set out in The Civic Government censing of Short-term Lets) Order 2022
Signature of applicant	Date 02/08/2023
or	
Signature of Agent on behalf of applicant	Date
Agents Address	
	ars given by me on this form are true and I hereby make application to ant of the licence applied for.
Signature of applicant	Date 02/08/2023

Signature of Agent on behalf of applicant	Date
Agents Address	
	•····

or

# NB. <u>It is an offence for any person to make any statement which he knows to be false in this application or in connection with the making of this application</u>

**Data Protection** - Moray Council is the Data Controller for this process. Please see our <u>Privacy Notice</u> for information about how and why the personal information provided on this form will be used to process an application for a short-term lets licence.



#### **ADDITIONAL INFORMATION SHEET (1/2)**

	Section	on B.	1 Individ	ual Details
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#### **Section B.2 Corporate Entity**

### Section C. Day to Day Management of the Premises

#### Section E. Ownership of the Premises



## **ADDITIONAL INFORMATION SHEET (2/2)**

Use the space below to provide any other information relevant to your application