

# HMO

House in Multiple Occupation Licence  
Housing (Scotland) Act 2006

## SUPPLEMENTARY APPLICATION – CHANGE OF APPOINTED AGENT

### LICENCED PREMISES DETAILS

<b>Premises Address:</b> <i>(include flat number e.g. 1F2 where appropriate and postcode)</i>	
<b>Licence number</b> <i>(from current licence)</i>	<b>Expiry date</b>

### CHANGE DETAILS REQUESTED FOR APPOINTED AGENT

<b>Agent's Company details</b> <i>(include all director/partner/trustee details if not an individual)</i>		
<b>Name of responsible individual</b>		
<b>Date appointed as new agent</b>		
<b>Date and town of birth</b>	<i>DOB</i>	<i>Town</i>
<b>Agent's address</b> <i>(including postcode)</i>		
<b>Agent's telephone number</b>	<i>phone:</i> <i>mobile:</i>	
<b>24hr emergency contact number</b>		
<b>email address</b>		

Subject to the Rehabilitation of Offenders Act 1974 if the applicant, the agent or any director/partner of them named in this application has been convicted of any crime or offence in any court in the United Kingdom, please provide details below or answer "None" if applicable.

<i>Date</i>	<i>Court</i>	<i>Offence</i>	<i>Sentence</i>

### DECLARATION

I/we hereby make application for variation of HMO licence in the above terms and certify that the information given is true and correct

Information supplied on this form may be held on computer and I am aware that in the processing of this application, background enquiries will be made which may include reference to personal data held on computer. In submitting this form I consent to the information supplied by me being held and processed by the City of Edinburgh Council as licensing authority. I consent to communication being made by email where possible.

If any material statement is made which I know to be false, an offence is committed and I may be liable a summary conviction to a fine.

<b>Signature of Agent:</b>	<b>Date</b>
----------------------------	-------------