

Short Term Let

Application for Transfer of Licence/Provisional Licence

Please Read

For an application to be valid, you must submit the following:

- a fully completed application form
- all relevant documents from the document checklist below
- the correct fee.

Note: - We cannot process invalid applications. If any of the above are missing your application will be deemed to be invalid and will be returned to you.

Completed application forms together with all required supporting documents and the correct fee must be submitted electronically to the Licensing Section using our Civic & Miscellaneous licensing [online submission form](#) Further information is also available on our website at www.edinburgh.gov.uk

ALL QUESTIONS MUST BE ANSWERED

IF YOU HAVE NOTHING TO RECORD, YOU MUST STATE “NOT APPLICABLE” OR “NONE”

PART 1 – CURRENT LICENCE DETAILS	
Type of Licence currently held - : please tick ✓	
Full <input type="checkbox"/>	Provisional <input type="checkbox"/>
Current licence number	Licence Expiry date:
Type of Letting Provided: please tick ✓	
Home Sharing <input type="checkbox"/>	Home letting & home sharing <input type="checkbox"/>
Home Letting <input type="checkbox"/>	Secondary letting <input type="checkbox"/>
Date transfer of licence to take effect	

PART 2 – PREMISES DETAILS

Property name	
Flat number (e.g,BF, 1F2 etc)	
Address	
Postcode	
Do you own the property?	
	<input type="checkbox"/> Yes
	<input type="checkbox"/> No* See note below
*If you answered 'No' above, you must provide written consent to the application for transfer from the owner(s). We are unable to accept an application to transfer the licence without the property owner(s) written consent.	
	<input type="checkbox"/> Owner(s) consent(s) enclosed
Please provide owners details on a separate sheet - all owners must be named	

PART 3 - CURRENT LICENCEHOLDER DETAILS

Who is the current licence holder - please tick ✓		
Individual/joint holders	<input type="checkbox"/>	<i>You must provide all the information requested in Part A below. If the licence is held in joint names the name and address of each licence holder must be provided, together with a declaration that they consent to the transfer of licence . Part D should only be completed if you have appointed someone to manage the activity on a day to day basis for you</i>
Company*	<input type="checkbox"/>	<i>*You must provide all information requested in Parts B, C and also Part D below</i>
Trust*	<input type="checkbox"/>	
Partnership*	<input type="checkbox"/>	
Charity*	<input type="checkbox"/>	

PART A – if the licence is held in joint names please provide details for all owners below

First name(s)	
Surname	
Home address	
Postcode	
Contact phone no	
Contact email address	

JOINT OWNER(S) DETAILS

First name(s)	
Surname	
Home address	
Postcode	
Contact phone no	
Contact email address	

Please provide details of any further owners on a separate sheet

PART B

Company/Charity Number	
Name	
Registered Address	
Postcode	
Contact no	
Contact email address	

PART C - Please provide details of all Directors, Partners or Trustees

First name(s)	
Surname	
Designation	
Home Address	
Postcode	
Contact Phone No	
Contact email address*	
First name(s)	
Surname	
Designation	
Home Address	
Postcode	
Contact Phone No	
Contact email address*	
First name(s)	
Surname	
Designation	
Home Address	
Postcode	
Contact Phone No	
Contact email address*	

Please provide details of any further directors/partners/trustees on a separate sheet

PART D – CURRENT DAY TO DAY MANAGER – please provide details of anyone currently appointed to manage the property on a day-to-day basis. (this person is also named on the licence document)

First name(s)	
Surname	
Maiden/Previous name	
Address	
Postcode	
Contact phone no	
Contact email address	
As the joint licence holder, you must provide written consent to the application for transfer from the day to day manager. We are unable to accept an application to transfer the licence without the existing day to day managers written consent.	
<input type="checkbox"/> Day to Day managers consent enclosed	

PART 4 – NEW LICENCEHOLDER DETAILS

Note - When a licence is to be held in joint names, a company, charity or partnership a day-to-day manager must be identified, documentary proof of the existence of the Partnership must also accompany this application form.

Who is the licence being Transferred to - **please tick** ✓

Individual	<input type="checkbox"/>	<i>You must provide all the information requested in Part E below. Part H should only be completed if you have appointed someone to manage the activity on a day to day basis for you</i>
Joint Applicants	<input type="checkbox"/>	<i>You must provide all the information requested in Part E, the name and address of each applicant must be provided, and you must also complete Part H below.</i>
Charity*	<input type="checkbox"/>	<i>You must provide all information requested in Parts F, G and also Part H below</i>
Charity number		
Company*	<input type="checkbox"/>	<i>You must provide all information requested in Parts F, G and also Part H below</i>
Company Number		
Trust*	<input type="checkbox"/>	<i>You must provide all information requested in Parts F, G and also Part H below</i>
Partnership*	<input type="checkbox"/>	<i>You must provide all information requested in Parts F, G and also Part H below</i>

PART E – note if the licence is to be held in joint names please provide details for all applicants below

First name(s)	
Surname	
Maiden / Previous name	
Date of Birth	Place of Birth
Home address	
Postcode	
Contact phone no	
Contact email address	

JOINT OWNER(S) DETAILS

First name(s)	
Surname	
Maiden / Previous name	
Date of Birth	Place of Birth
Home address	
Postcode	
Contact phone no	
Contact email address	

Please provide details of any further owners on a separate sheet

PART F	
Company/Charity Number	
Name	
Registered Address	
Postcode	
Contact no	
Contact email address	

PART G - Please provide details of <u>all</u> Directors, Partners or Trustees	
First name(s)	
Surname	
Maiden / Previous Name	
Designation	
Date of birth	Place of birth
Home Address	
Postcode	
Contact Phone No	
Contact email address*	
First name(s)	
Surname	
Maiden / Previous Name	
Designation	
Date of birth	Place of birth
Home Address	
Postcode	
Contact Phone No	
Contact email address*	

First name(s)	
Surname	
Maiden / Previous Name	
Designation	
Date of birth	Place of birth
Home Address	
Postcode	
Contact Phone No	
Contact email address*	
<i>Please provide details of any further directors/partners/trustees on a separate sheet</i>	

PART H – DAY TO DAY MANAGER – *please provide details of anyone appointed to manage the property on a day-to-day basis. (this person will also be named on the licence document)*

First name(s)	
Surname	
Maiden/Previous name	
Date of birth	Place of birth
Address	
Postcode	
Contact phone no	
Contact email address	

REQUIRED DOCUMENT CHECKLIST

I have enclosed the relevant documents with this application - **please tick ✓**

Note:

- i. The Current Short Term Let Licence must be submitted with this application, if that is not possible a statement of the reasons for failure to produce the licence must be provided*
- ii. If the licence is currently held in joint names, a written declaration from each licence holder consenting to the transfer of licence must accompany this application*
- iii. If a current day to day manager is named on the licence, a written declaration from the day to day manger consenting to the transfer of licence must accompany this application*
- iv. If the applicant shares ownership of the premises a declaration from each owner, or person authorised to act on their behalf, that they consent to the application must accompany this application*
- v. If the applicant is not the owner of the premises a declaration from the owner(s), or person authorised to act on their behalf, that they consent to the application must accompany this application*

- | | | | |
|---|--------------------------|--------------------------|-----|
| i. The current Short Term let Licence is enclosed | <input type="checkbox"/> | | |
| OR | | | |
| I am unable to provide the current licence document, a written statement of reasons is attached | <input type="checkbox"/> | | |
| ii. Joint licence holders' consent to the transfer of licence is enclosed | <input type="checkbox"/> | <input type="checkbox"/> | N/A |
| iii. Current day to day manger consent to the transfer of licence is enclosed | <input type="checkbox"/> | <input type="checkbox"/> | N/A |
| iv. The written consent from shared owner(s) of the premises to the transfer of licence is enclosed | <input type="checkbox"/> | <input type="checkbox"/> | N/A |
| v. The written consent from the property owner(s) to the transfer of licence is enclosed | <input type="checkbox"/> | <input type="checkbox"/> | N/A |

PART 5 – CONVICTIONS

Subject to the Rehabilitation of Offenders Act 1974 if the applicant, the day-to-day manager, or any director/partner or trustee named in this application has been convicted of any crime or offence in any court in the United Kingdom, please provide details below.

NOTE - If you have no convictions, you must write "NONE"

Name	Date	Court	Offence	Sentence

**Continue on a separate sheet if necessary*

PART 6 – APPLICANTS DECLARATION

I/We hereby make application for a Transfer of a Short Term Let Licence in the above terms and certify that the information given is true and correct.

Information supplied on this form will be held on computer and applicants are advised that in the processing of this application, background enquiries will be made which may include reference to personal data held on computer.

Any applicant who in making application makes any statement which the applicant knows to be false or recklessly makes any statement which is false in material particular shall be guilty of an offence and liable, on summary conviction, to a fine not exceeding **£2,500**

Signature of Applicant /Agent (Select appropriate)

Date

Print Name:

PART 7 - CORRESPONDENCE DETAILS – *please provide details of where all correspondence relating to this application should be sent*

Correspondence name	
Address	
Postcode	
Contact phone no	
Contact email address	