

**APPLICATION FOR A LICENCE
FOR A HOUSE IN MULTIPLE OCCUPATION**

1. To be completed if the owner is an individual person	Surname		First Name(s)	
(a) Full Name (block letters)	Kohli		Randeep	
(b) Home Address Business hours telephone number and email address	c/o 3 Redlands Terrace Glasgow G12 0RW 0141 334 8013 enquiries@kohli-properties.com			
(c) Age, Date and Place of Birth	Age	Date of Birth	Place of Birth	
	57	8/8/66	London	
2. To be completed if the owner is a body (e.g. Company or Partnership)				
(a) Full Name				
(b) Address of Registered/Principal Office Business hours telephone number and email address				
(c) Full names, private addresses and dates of birth of all directors, partners or other persons responsible for the management of the business.	Name	Address	Date and Place of Birth	
3. Is the owner a registered landlord? If yes, give Registration Number	Yes/No Registration Number: 06256/260/16130			
4. Do you have an agent acting for you in relation to the occupation of the living accommodation?	Yes/No			
5. If the agent acting in relation to the occupation of the living accommodation is an individual, give details of the agent's name, address, date and place of birth	Name	Address	Date and Place of Birth	
Business hours telephone number and email address	0141 334 8013 enquiries@kohli-properties.com			
6. If the agent acting in relation to the occupation of the living accommodation is a body (e.g. company or partnership) give details of	(a) Kohli Properties			
(a) Full Name	(b) 3 Redlands Terrace Glasgow G12 0RW			
(b) Address of registered/principal office				

(c) Full names, addresses and places and dates of birth of all directors, partners or other persons responsible for the management of the business	Name	Address	Date and Place of Birth
	Parduman Kohli Kuldip Kohli	3 Redlands Terrace, Glasgow, G12 0RW	19/7/34 - India 12/5/43 - Kenya
	Sanjeev Kohli	29 Westbourne Gdns, Glasgow, G12 9PF	30/11/70 - London
	Hardeep Kohli	3 Redlands Terrace, Glasgow, G12 0RW	21/1/69 - London
	Randeep Kohli Raissa Kohli	117 Southbourne Gardens, Ruislip, HA4 9TA	8/8/66 - London 11/6/68 - India
(d) Business hours telephone number and email address	0141 334 8013 enquiries@kohli-properties.com		
7. Address of living accommodation for which the Licence is required	Flat Position: 3/1 Address: 200 HYNDLAND ROAD, GLASGOW Postcode: G12 9EP		
8. Is the application in respect of a new or existing licence?	New / Existing		
9. (a) If the application is in respect of an existing licence, give dates of licence and reference number. (b) If the application is in respect of a new licence, is it due to a change of owner within one month from the date on which ownership was transferred? If YES, give details of (i.) The date ownership was transferred (ii.) Name(s) and address(es) of previous owner(s) (iii) HMO Reference Number	(a) From: <u>21/09/2021</u> To: <u>31/08/2024</u> Reference number: <u>HMO 02509</u> (b) Yes/No (i) (ii) (iii)		
10. (a) Specify the number of storeys in the building (b) Total number of bedrooms (c) Occupant capacity of premises	(a) 4 (b) 3 (c) 3		
11. Give details of the use of each room and facilities provided, other than bedrooms (continue on separate sheet of paper if necessary).	1 BATHROOM 1 DINING KITCHEN		
12. Have any rooms in the living accommodation been (a) subdivided (b) adapted resulting in the alteration to the situation of water or drainage pipes. (if yes please provide details)	(a) Yes/No (b) Yes/No Small kitchen and 4 th bedroom combined to make large dining kitchen		

<p>13. Is any person named in 1, 2, 4 or 5 above disqualified in terms of Section 157(2) of the 2006 Act from holding an HMO Licence or acting as an agent in relation to the occupation of living accommodation?</p> <p>If YES give name of person disqualified and date of disqualification</p>	<p>Yes/No</p>
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<p>14. Has any person named in 1, 2, 4 or 5 above</p> <p>(a) been convicted of any crime of fraud or dishonesty, violence or drugs?</p> <p>(b) practised unlawful discrimination in, or in connection with, the carrying on of any business?</p> <p>(c) contravened any provision of any letting code issued under Section 92A of the Antisocial Behaviour etc (Scotland) Act 2004, the law relating to housing or landlord and tenant law?</p>	<p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p>
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(d) If the answer to any of the above is YES, subject to the Rehabilitation of Offenders Act 1974, give details below

Name	Date	Court	Offence	Sentence

15. Subject to the provisions of the Rehabilitation of Offenders Act 1974, state below particulars of any other convictions recorded against any person named in 1, 2, 4 and 5 above (continue on a separate sheet, if necessary). If none, state "NONE"

Name	Date	Court	Offence	Sentence

<p>16. Has any person named in 1, 2, 4 and 5 above ever applied for and been refused a licence for a House in Multiple Occupation?</p> <p>When was it refused?</p> <p>Give address of living accommodation.</p>	<p>YES/NO</p> <p>06/06/2012</p> <p>166 GREAT GEORGE STREET (0/1), G12 8AJ</p>
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The information which you provide on this form will be processed by Glasgow City Council (which is the "data controller" for purposes of the Data Protection Act 1988) in order to process your application for the attached licence. The Council is under an obligation to properly manage public funds. Accordingly, information that you have provided on this form may be used to prevent and detect fraud and may also be shared for the same purposes with other public bodies or other organisations that handle public funds.

I DECLARE

* (a) THAT A NOTICE HAS BEEN POSTED ON OR NEAR THE LIVING ACCOMMODATION

AT: **200 HYNDLAND ROAD (3/1), GLASGOW, G12 9EP**

FROM.....CONTAINING SUCH INFORMATION AS IS REQUIRED BY PARAGRAPH 2(1) OF SCHEDULE 4 TO THE HOUSING (SCOTLAND) ACT 2006

OR

* (b) THAT I HAVE BEEN UNABLE TO POST A NOTICE IN COMPLIANCE WITH THE REQUIREMENTS OF PARAGRAPHS 2(2) or 2(3) OF SCHEDULE 4 TO THE HOUSING (SCOTLAND) ACT 2006 BECAUSE I DO NOT HAVE THE NECESSARY RIGHTS OF ACCESS OR OTHERWISE WHICH WOULD ENABLE ME TO DO SO. I HAVE TAKEN REASONABLE STEPS TO ACQUIRE THOSE RIGHTS BUT HAVE BEEN UNABLE TO DO SO. THE STEPS TAKEN ARE AS FOLLOWS:-

IF YOU ARE UNCERTAIN AS TO THE DETAILS/DATES OF ANY CRIMES OR OFFENCES YOU SHOULD CONTACT DISCLOSURE (SCOTLAND), PO BOX NO 250, GLASGOW, G51 1YU. TEL.NO. 0870 609 6006. ALTERNATIVELY, YOU CAN ALSO CALL AT ANY POLICE OFFICE AND PICK UP THE APPROPRIATE DATA PROTECTION FORM, REQUESTING 'SUBJECT ACCESS' TO YOUR RECORD. THE SEARCH ATTRACTS A FEE PAYABLE TO DISCLOSURE SCOTLAND.

I DECLARE THAT THE PARTICULARS GIVEN BY ME ON THIS FORM ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I HAVE READ THE ATTACHED GUIDANCE NOTES AND ENCLOSE 4 SETS OF PLANS AT A SCALE OF 1:50, WHERE APPROPRIATE, AND THE APPROPRIATE FEE AND HEREBY MAKE APPLICATION TO GLASGOW CITY COUNCIL FOR THE LICENCE APPLIED FOR.

Date 29/7/24 Signature of applicant or agent K. K. Kowli

Agent's address 3 Redlands Terrace

Glasgow, G12 0RW

Position of applicant in Company/Partnership if not otherwise stated: **MANAGING PARTNER**

* Delete as appropriate. Where declaration (A) is made there must be produced in due course a Certificate of Compliance in accordance with paragraph 2(1) of Schedule 4 to the Housing (Scotland) Act 2006 must be submitted to Glasgow City Council as soon as practicable following the end of the display period of the notice.

OFFICE USE ONLY

Date Received	Fee Paid	Date passed to:				Date of Decision	Decision
		Police	HMO Unit	Planning	Firemaster		

To be lodged at the Corporate Services Department, Licensing Section, 235 George Street, Glasgow, G1 1QZ, with the appropriate fee, which is non-refundable, and plans where appropriate.

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