

Short Term Let

Application for Grant, Renewal or Variation of Licence

- Please include all joint owners.
- Please read the attached notes at Section 14 and reference is made to the Council's Short-term Lets Guidance Notes and Standards for Accommodation, available at:
<https://www.dundee.gov.uk/service-area/neighbourhood-services/communities-safety-and-protection/licensing/dundee-city-councils-short-term-lets-licensing>
where the detail of the relevant fees can be obtained.

For Official Use	
STL Licence Number:	
Date Received:	
Date Paid:	
Fee Paid:	
Receipt No:	
Date to Officers:	

Section 1 – Application

1. This application form can be used to apply for a **First Licence**, **Renewal** of an existing licence or a **Variation** of an existing licence. Please indicate which type of application you are making by checking ☒ the appropriate box below.

First Application (not previously operated as an STL by the applicant)	<input type="checkbox"/>	Renewal of Existing Licence	<input type="checkbox"/>	Variation of Existing/Pending Licence	<input type="checkbox"/>
First Application (where property has been used as a licensed STL prior to 1 October 2022 by the applicant)		<input type="checkbox"/>			

Previous Licence Number (Previously licensed STL)	DD
Previous Licence Expiry Date	
What date did you conclude the purchase?	

2. If a **Variation Application** please check each appropriate box ☒

Change of ownership prior to a Licensing Committee (New and Pending Applications Only)	<input type="checkbox"/>
Change of day to day manager or agent	<input type="checkbox"/>
Change of occupancy	<input type="checkbox"/>
Change of physical layout	<input type="checkbox"/>
If the Variation is for a change to the physical layout of the property, please describe the change below	

Section 2 – Select the type of licence you require

Secondary Letting ☐

Home Letting ☐

Home Sharing ☐

Home Sharing & Home Letting ☐

3. If you do not own the property which is the subject of this application, do you have proof of permission from the owner(s)

YES ☐

NO ☐

N/A ☐

Section 3 – Premises Details

4. This section refers to the property for which the application is being made.

Name of Premises (if applicable)			
Address		Postcode	
Flat No and/or Location		Unique Property Reference (if Known)	
Maximum number of occupants		Total number of bedrooms	
Number of bedrooms to be occupied by one person		Number of bedrooms to be occupied by two or more people	
Number of living rooms		Number of bathrooms	
Number of separate toilets		Number of kitchens	
Other rooms (specify)			
Will there be employees working in the premises?			YES <input type="checkbox"/> NO <input type="checkbox"/>

5. Please select the type of premises:

Detached House ☐

Semi-detached House ☐

Terraced House ☐

Flat ☐

Unconventional Accommodation ☐

6. From the following options, please select the description that best describes your short-term let:

Self-catering ☐

B&B ☐

Guest House ☐

Home Letting ☐

Other form of Home Sharing ☐

Section 4 – Applicant Details (Individual Persons)

4.1 Main Applicant (to be completed if an individual person)

Title	Surname	First Name
Middle Name(s)	Maiden Name (if applicable)	Date of Birth
Place of Birth		Male <input type="checkbox"/> Female <input type="checkbox"/>
Home Address		Postcode

Home Telephone Number	Mobile Telephone Number	Work Telephone Number
Email Address		
Will this applicant be carrying out day to day management of the STL?		YES <input type="checkbox"/> NO <input type="checkbox"/>

Address (history for last 5 years). Please provide your home address history for the last 5 years with no gaps or overlaps, starting with the most recent. Please confirm the dates you resided at these properties:	Postcode	Date from (month/year)	Date to (month/year)

4.2 Joint Owner(s) (to be completed if an individual person)

7. Please provide details for all Joint Owners, other than the main applicant above (all those listed on the Title Deeds). The address provided for an individual owner should be their permanent residential address. (If more than 2 joint owners, please use separate sheet at Section 15).

Number of Joint Owners (including Main Applicant)	
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Title	Surname	First Name
Middle Name(s)	Maiden Name (if applicable)	Date of Birth

Place of Birth			Male <input type="checkbox"/>	Female <input type="checkbox"/>
Home Address			Postcode	
Home Telephone Number	Mobile Telephone Number	Work Telephone Number		
Email Address				
Will this applicant be carrying out day to day management of the STL?			YES <input type="checkbox"/>	NO <input type="checkbox"/>

Address (history for last 5 years). Please provide your home address history for the last 5 years with no gaps or overlaps, starting with the most recent. Please confirm the dates you resided at these properties:	Postcode	Date from (month/year)	Date to (month/year)

Title	Surname	First Name	
Middle Name(s)	Maiden Name (if applicable)	Date of Birth	
Place of Birth			Male <input type="checkbox"/> Female <input type="checkbox"/>
Home Address			Postcode
Home Telephone Number	Mobile Telephone Number	Work Telephone Number	
Email Address			
Will this applicant be carrying out day to day management of the STL?			YES <input type="checkbox"/> NO <input type="checkbox"/>

Address (history for last 5 years). Please provide your home address history for the last 5 years with no gaps or overlaps, starting with the most recent. Please confirm the dates you resided at these properties:	Postcode	Date from (month/year)	Date to (month/year)

Section 5 – Applicant Details (Company/Charity/Trust/Partnership)

5.1 Please indicate whether the applicant is a Company, Charity, Trust or Partnership

Company

☐

Charity

☐

Trust

☐

Partnership

☐

Please indicate below which type of trust owns the property. (If you are unsure, please check with your solicitor to confirm the type of trust that you have). Please check the appropriate box.

Incorporated Trust (Trust and Trustees must be licensed). Please complete Section 5.2 and provide the details of all Trustees in Section 5.3.

☐

Non Incorporated Trust (the named trust must be licensed). Please complete Section 5.2.

☐

5.2 Please provide the details of the Company, Charity, Trust or Partnership

Full name of Company, Charity, Trust or Partnership (including postcode)	
Name of Secretary or responsible person	
Address of principal office	
Telephone number	
E-mail address	

5.3 Please provide details of all Director(s), Trustees or Partners.

If more than four, please use separate sheet at Section 15

Title	Surname	First Name
Middle Name(s)	Maiden Name (if applicable)	Date of Birth
Place of Birth		Male <input type="checkbox"/> Female <input type="checkbox"/>
Home Address		Postcode
Home Telephone Number	Mobile Telephone Number	Work Telephone Number
Email Address		
Will this applicant be carrying out day to day management of the STL?		YES <input type="checkbox"/> NO <input type="checkbox"/>

Address (history for last 5 years). Please provide your home address history for the last 5 years with no gaps or overlaps, starting with the most recent. Please confirm the dates you resided at these properties:	Postcode	Date from (month/year)	Date to (month/year)

Title		Surname		First Name	
Middle Name(s)		Maiden Name (if applicable)		Date of Birth	
Place of Birth				Male <input type="checkbox"/>	Female <input type="checkbox"/>
Home Address				Postcode	
Home Telephone Number		Mobile Telephone Number		Work Telephone Number	
Email Address					
Will this applicant be carrying out day to day management of the STL?				YES <input type="checkbox"/>	NO <input type="checkbox"/>

Address (history for last 5 years). Please provide your home address history for the last 5 years with no gaps or overlaps, starting with the most recent. Please confirm the dates you resided at these properties:	Postcode	Date from (month/year)	Date to (month/year)

Title		Surname		First Name	
Middle Name(s)		Maiden Name (if applicable)		Date of Birth	
Place of Birth				Male <input type="checkbox"/>	Female <input type="checkbox"/>
Home Address				Postcode	
Home Telephone Number		Mobile Telephone Number		Work Telephone Number	

Email Address			
Will this applicant be carrying out day to day management of the STL?			YES <input type="checkbox"/> NO <input type="checkbox"/>

Address (history for last 5 years). Please provide your home address history for the last 5 years with no gaps or overlaps, starting with the most recent. Please confirm the dates you resided at these properties:	Postcode	Date from (month/year)	Date to (month/year)

Title		Surname		First Name	
Middle Name(s)		Maiden Name (if applicable)		Date of Birth	
Place of Birth				Male <input type="checkbox"/>	Female <input type="checkbox"/>
Home Address				Postcode	
Home Telephone Number		Mobile Telephone Number		Work Telephone Number	
Email Address					
Will this applicant be carrying out day to day management of the STL?					YES <input type="checkbox"/> NO <input type="checkbox"/>

Address (history for last 5 years). Please provide your home address history for the last 5 years with no gaps or overlaps, starting with the most recent. Please confirm the dates you resided at these properties:	Postcode	Date from (month/year)	Date to (month/year)

Section 6 – Day to Day Management

8. This section identifies who will be responsible for the day to day management of the licensed property. Please ensure questions 6.1 and 6.2 are completed where a company, including a named individual within the company, is carrying out the day to day management. Alternatively, Questions 6.3 or 6.4 should be completed where the day to day manager is an applicant or other individual.

6.1 Is the day to day Manager an organisation or company?

YES ☐ **NO** ☐

9. If the answer to the above question is YES, please provide the details of the company and the names of ALL the Directors or partners below. If the answer is NO, please go to question 6.3.

Corporate entity name			
Registered or principal office address		Postcode	
Limited company number (if applicable)			

6.2 Please provide the details of all Directors or Partners where an organisation or company is carrying out the day to day management

10. If more than three, please use separate sheet at Section 15

NOTE: The first named individual below will be considered as the nominated person for the organisation or company. Any change to the nominated person will require a Variation to the Licence and the appropriate fee.

Title	Surname	First Name	
Middle Name(s)	Maiden Name (if applicable)	Date of Birth	
Place of Birth		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Home Address		Postcode	
Home Telephone Number	Mobile Telephone Number	Work Telephone Number	
Email Address			

Address (history for last 5 years). Please provide your home address history for the last 5 years with no gaps or overlaps, starting with the most recent. Please confirm the dates you resided at these properties:	Postcode	Date from (month/year)	Date to (month/year)

Title	Surname	First Name

Middle Name(s)		Maiden Name (if applicable)		Date of Birth	
Place of Birth				Male <input type="checkbox"/>	Female <input type="checkbox"/>
Home Address				Postcode	
Home Telephone Number		Mobile Telephone Number		Work Telephone Number	
Email Address					

Address (history for last 5 years). Please provide your home address history for the last 5 years with no gaps or overlaps, starting with the most recent. Please confirm the dates you resided at these properties:	Postcode	Date from (month/year)	Date to (month/year)

Title		Surname		First Name	
Middle Name(s)		Maiden Name (if applicable)		Date of Birth	
Place of Birth				Male <input type="checkbox"/>	Female <input type="checkbox"/>
Home Address				Postcode	
Home Telephone Number		Mobile Telephone Number		Work Telephone Number	
Email Address					

Address (history for last 5 years). Please provide your home address history for the last 5 years with no gaps or overlaps, starting with the most recent. Please confirm the dates you resided at these properties:	Postcode	Date from (month/year)	Date to (month/year)

6.3 Will any of the applicants for this licence be carrying out the day to day management?

YES ☐ **NO** ☐

11. If the answer to the above question is YES, please provide the name of the applicant below. (The named individual below must appear in Section 4 or Section 5). If the answer is NO, please go to 6.4.

Title		Surname		First Name	
Middle Name(s)		Maiden Name (if applicable)		Date of Birth	
Place of Birth				Male <input type="checkbox"/>	Female <input type="checkbox"/>
Home Address				Postcode	
Home Telephone Number		Mobile Telephone Number		Work Telephone Number	
Email Address					

6.4 If the day to day Manager is an individual other than an applicant, named in Section 4 or Section 5, please complete the details below

Title		Surname		First Name	
Middle Name(s)		Maiden Name (if applicable)		Date of Birth	
Place of Birth				Male <input type="checkbox"/>	Female <input type="checkbox"/>
Home Address				Postcode	
Home Telephone Number		Mobile Telephone Number		Work Telephone Number	
Email Address					

Address (history for last 5 years). Please provide your home address history for the last 5 years with no gaps or overlaps, starting with the most recent. Please confirm the dates you resided at these properties:	Postcode	Date from (month/year)	Date to (month/year)

Section 7 – Appointed Agent

12. An Agent is an individual, organisation or company appointed to submit and process an application on behalf of the owners of the property but who will not be acting as day to day managers once a licence has been granted. **This section need not be completed if the applicant(s) or appointed day to day manager are submitting the application.**

Name of Organisation or Company (if applicable)			
Name of responsible person or agent			
Address		Postcode	
Telephone number			
Mobile number			
E-mail address			

Section 8 – Contacts

13. The contact details below can be the applicant, day to day manager or agent as required.

8.1 Contact for access and queries during the application process

Name of Contact Person			
Address		Postcode	
Telephone number			
Mobile number			
E-mail address			

8.2 Contact for access and queries during the life of the licence

14. Applicant or Day to Day Manager's representative

Name of Contact Person			
Address		Postcode	

Telephone number	
Mobile number	
E-mail address	

Section 9 – Details of Convictions, Fixed Penalty Notices and Revoked or Refused licences

Has any person listed in Sections 4, 5, 6 or 8 been convicted of any offences or been issued with any fixed penalty notices?

YES ☐ NO ☐

15. If the answer to the question above is YES, please provide the details below

NOTE: PLEASE INCLUDE DETAILS OF ANY UNSPENT CONVICTIONS IN THE TABLE BELOW

Name	Date	Court	Crime/Offence	Penalty

Have any of the owners of this property been refused a similar licence in the last 2 years?

YES ☐ NO ☐

If the answer to the question above is YES, please give details below:

Section 10 – Checklist of Required Enclosures and Actions for a First Application

16. An application will only be deemed competent where all necessary information is submitted together with the relevant fee.

This checklist must be completed as part of your application and the relevant documents enclosed.

Document	Guidance Note	Comment	Enclosed <input checked="" type="checkbox"/>
Plan of the property	5(a)		<input type="checkbox"/>
Fire Safety Checklist	5(h) and 32 to 37		<input type="checkbox"/>
Copy of Property Insurance	52		<input type="checkbox"/>
Copy of Public Liability Insurance	52		<input type="checkbox"/>
Current NICEIC or SELECT Electrical Installation Condition Report	5(c) and 42 to 45		<input type="checkbox"/>
Current Portable Appliance Test (PAT) Certificate	5(c) and 42 to 45		<input type="checkbox"/>
Gas Safety Certificate (if applicable)	5(d) and 46 to 48		<input type="checkbox"/>
Legionella Risk Assessment	5(f)		<input type="checkbox"/>
Planning permission Reference Number (for premises within a control area or where requested by the licensing authority)	13 & 15		<input type="checkbox"/>
Application Fee	4		<input type="checkbox"/>
Public Notice displayed	4(a)		<input type="checkbox"/>
Energy Performance Certificate (EPC)	26		<input type="checkbox"/>
Proof of consent from owner (if applicable)	1(e)		<input type="checkbox"/>
Evidence of operation as a short-term let on or before 1 October 2022 (for existing hosts applying during transitional period)	5(g)		<input type="checkbox"/>

The guidance notes referred to above and below form part of Dundee City Council's "Guidance Notes and Standards for Accommodation" which is available from the Private Sector Services Unit, 5 City Square, Dundee, DD1 3BA (reception at 3 City Square) or downloadable from the website at: <https://www.dundee.gov.uk/service-area/neighbourhood-services/communities-safety-and-protection/licensing/dundee-city-councils-short-term-lets-licensing>

Section 11 – Checklist of Required Enclosures and Actions for a Renewal Application

Document	Guidance Note	Comment	Enclosed <input checked="" type="checkbox"/>
Fire safety Checklist	5(h) and 32 to 37		<input type="checkbox"/>
Copy of Property Insurance	52	Current certificate and previous two years certification required.	<input type="checkbox"/>
Copy of Public Liability Insurance	52	Current certificate and previous two years certification required.	<input type="checkbox"/>

Current NICEIC or SELECT Electrical Installation Condition Report	5(c) and 42 to 45	Certification to be current and cover the preceding period of licence.	<input type="checkbox"/>
Current Portable Appliance Test (PAT) Certificate	5(c) and 42 to 45	Current certificate and previous two years certification required.	<input type="checkbox"/>
Gas Safety Certificate (if applicable)	5(d) and 46 to 48	Current certificate and previous two years certification required.	<input type="checkbox"/>
Application Fee	4		<input type="checkbox"/>
Public Notice displayed	4(a)		<input type="checkbox"/>
Energy Performance Certificate (EPC)	26		<input type="checkbox"/>

Section 12 – Checklist of Required Enclosures and Actions for a Variation Application

Document	Guidance Note	Change of ownership prior to Licensing Committee (New Application only)	Change of day to day manager	Change of Occupancy	Physical change to property	Enclosed <input checked="" type="checkbox"/>
Plan of the property	5(a)			Required	Required	<input type="checkbox"/>
Fire Safety Checklist	5(h) and 32 to 37	Required	Required	Required	Required	<input type="checkbox"/>
Copy of Property Insurance	52	Required				<input type="checkbox"/>
Copy of Liability Insurance	52	Required				<input type="checkbox"/>
Planning Change of Use Consent (if applicable)	15			Required	Required	<input type="checkbox"/>
Building Standards Warrant and Completion Certificate (if applicable)	14				Required	<input type="checkbox"/>
Energy Performance Certificate (EPC)	26				Required	<input type="checkbox"/>
Application Fee	4	Required	Required	Required	Required	<input type="checkbox"/>

Section 13 – Applicants Declaration

I have: Please tick to confirm	
Identified the owners and those involved in the day-to-day management of my premises	<input type="checkbox"/>
Ensured that to the best of my knowledge all those named on my application are fit and proper persons	<input type="checkbox"/>
Prepared information that will be available to guests at the premises including: (a) a certified copy of the licence and the licence conditions, (b) fire, gas and electrical safety information, (c) details of how to summon the assistance of emergency services,	<input type="checkbox"/>

(d) a copy of the gas safety report, (e) a copy of the Electrical Installation Condition Report, and (f) a copy of the Portable Appliance Testing Report.	
Applied for planning permission (if required).	<input type="checkbox"/>
Noted the requirement to display my licence number and EPC rating on listings for my premises	<input type="checkbox"/>
Checked if any additional licence conditions apply to me / my premises	<input type="checkbox"/>
Proof that furniture and furnishings/the furniture and furnishings guests have access to comply with fire safety regulations	<input type="checkbox"/>
Read and understood the mandatory conditions that will apply to my licence	<input type="checkbox"/>
Read and understood the additional conditions that will apply to my licence	<input type="checkbox"/>

My premises – please tick to confirm (or enter N/A)	
Meets current statutory guidance for provision of fire, smoke and heat detection	<input type="checkbox"/>
Meets statutory guidance for carbon monoxide alarms	<input type="checkbox"/>
Meets the required regulations for private water supplies (for premises with a private water supply i.e not provided by Scottish Water)	<input type="checkbox"/>
Meets obligations with regard to the Tolerable and Repairing Standard (applicable to dwellinghouses)	<input type="checkbox"/>

Dundee City Council as licensing authority, will use information it holds about you to determine whether you are a fit and proper person to operate a short-term let. In addition, licensing authorities to which you apply may share relevant information they hold about you with one another to help those authorities determine whether you are a fit and proper person to act as a Host/Operator. They may also share and seek relevant information with Police Scotland and, if appropriate, other relevant authorities.

Anyone who gives false information on this form, or fails to provide the information required by this form, is committing an offence which could lead to prosecution.

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 GUIDANCE NOTES REFERRED TO AND I UNDERSTAND THE MANDATORY CONDITIONS THAT APPLY TO SHORT-TERM LETS. I FURTHER ACKNOWLEDGE THAT I UNDERSTAND IT IS A CRIMINAL OFFENCE TO OPERATE AN STL PRIOR TO A LICENCE BEING GRANTED.

I WILL COMPLY WITH THE REQUIREMENT TO DISPLAY A SITE NOTICE IN ACCORDANCE WITH PARAGRAPH 2 OF SCHEDULE 1 OF THE CIVIC GOVERNMENT (SCOTLAND) ACT 1982

Signature of Applicant day to day manager or Agent* (*delete as necessary)	
Date	

The individual signing this application should be an applicant or alternatively the agent or day to day manager identified in this application.

Name (BLOCK CAPITALS)	
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Position (if signing on behalf of applicant)			
Address		Postcode	

Section 14 – Notes

This application should be lodged electronically, by email to licensing.board@dundeecity.gov.uk together with the supporting documents as attachments to the email. Payment along with all required documents must be received before the application is deemed to be competent. The fee is non-refundable other than where an application is withdrawn before being determined or refused in which case a partial refund will be made (refer to Guidance Notes and Standards for Accommodation, Note 4).

1. In terms of the Civic Government (Scotland) Act 1982 (Licensing of Short-term Lets) Order 2022, a Notice in the prescribed form must be prominently displayed at or as near to the property as possible so that it can be conveniently read from the public footpath, for a period of 21 days from the date the application is lodged with the local authority. (*Copy Notice enclosed*).
2. The Certificate of Compliance, forming part of this application, must be completed and submitted as an attachment to an email addressed to licensing.board@dundeecity.gov.uk. The certificate should be submitted after the expiry of the 21 day period (see note 2 above).
3. Refer to “Short-term Lets Guidance Notes and Standards for Accommodation” for further information.
4. Details of the fee scales are provided in the guidance notes (refer to Guidance Notes and Standards for Accommodation, Note 4).
5. Payment of fees can be by Cheque, Card or BACS transfer. Cheques should be made payable to Dundee City Council and posted to **Electoral Services & Licensing Officer, Support Services, 21 City Square, Dundee, DD1 3BY** with the details of the STL address on the back of the cheque. If making payment by card or BACS transfer, please contact licensing.board@dundeecity.gov.uk for details when submitting the application.
6. Anyone who can require a Licensing Authority to give reasons for a licensing decision (both objectors and applicants) can appeal to the Sheriff against it by summary application. The appeal must be lodged within 28 days. The Sheriff can uphold an appeal only if the authority erred in law, based their decision on an incorrect material fact, acted contrary to natural justice, or exercised their decision in an unreasonable manner.

If you are in a position where you are considering an appeal to the Sheriff you should consult a Solicitor or Citizens Advice Bureau for further information.

Enquiries should be made to the **Senior Electoral Services & Licensing Officer, Support Services, 21 City Square, Dundee, DD1 3BY**. For further information on **Appeals**, call **(01382) 434403**.

Should you require any further assistance in completing this application, please contact: **Dundee City Council's STL Team on 01382 436842, visit or write to the Private Sector Services Unit (STL Team), 5 City Square, Dundee, DD1 3BA** or short-termlets@dundee.gov.uk

Section 15 – Additional Applicants

Please indicate relevant section ☒

Section 5 ☐

Section 6 ☐

Section 7 ☐

Title		Surname		First Name	
Middle Name(s)		Maiden Name (if applicable)		Date of Birth	
Place of Birth				Male <input type="checkbox"/>	Female <input type="checkbox"/>
Home Address				Postcode	
Home Telephone Number		Mobile Telephone Number		Work Telephone Number	
Email Address					
Will this applicant be carrying out day to day management of the STL?					YES <input type="checkbox"/> NO <input type="checkbox"/>

Address (history for last 5 years). Please provide your home address history for the last 5 years with no gaps or overlaps, starting with the most recent. Please confirm the dates you resided at these properties:	Postcode	Date from (month/year)	Date to (month/year)

Section 5

☐

Section 6

☐

Section 7

☐

Title		Surname		First Name	
Middle Name(s)		Maiden Name (if applicable)		Date of Birth	
Place of Birth				Male <input type="checkbox"/>	Female <input type="checkbox"/>
Home Address				Postcode	
Home Telephone Number		Mobile Telephone Number		Work Telephone Number	
Email Address					

Address (history for last 5 years) Please provide your home address history for the last 5 years with no gaps or overlaps, starting with the most recent. Please confirm the dates you resided at these properties:	Postcode	Date from (month/year)	Date to (month/year)

Section 16 – Privacy Notice

The information you submit on this application form will be processed by Dundee City Council, City Square, Dundee, DD1 3BY. You can contact us on 01382 434000 or for data protection issues by email at infogov@dundeecity.gov.uk. This is also the email address to contact the council's Data Protection Officer, Ian Smail.

The Civic Government (Scotland) Act 1982 (Licensing of Short-term Lets) Order 2022 requires that hosts/owners and operators must be licensed and be assessed as fit and proper, where they use a property as a Short-term Let.

The information hosts/owners and their operators or agents provide is prescribed by legislation and it is a requirement to provide this information if you wish to operate a Short-term Let.

Failure to provide the required information may mean that we are unable to determine compliance with relevant legislation and therefore issue a licence, in which case the individuals or business may not comply with relevant legislation and may be operating illegally.

Persons are under an obligation to provide assistance and information when officers are exercising power for which they are duly authorised. An offence is committed if this requirement is breached. This does not require a person to answer any questions or give information which may incriminate them.

Information held will have been provided by the host/owner and or their operator/agent, either electronically or in writing and transferred to our data management systems. We may add notes to a record as part of our administration processes.

We will use your details to process your STL Licence application. The information provided will be shared with other council departments, Elected Members, Police Scotland and Scottish Fire & Rescue Service. It may also be shared where required by law.

Your details will be accessed by council staff who need to do so in order to provide this service. The data (with the exception of details of any convictions) will also be kept in a register which is open to public inspection. The information may be shared with other Government Agencies such as the Department for Work and Pensions, HMRC and third party organisations such as Sheriff Officers, Solicitors and Credit Reference Agencies.

In general, the Council does not transfer personal data outside the UK and on the rare occasions when it does so we will ensure you are alerted to this fact. Given the purpose and limited nature of the personal information held, the Council will not transfer your data outside the UK.

Hosts and operators are required to renew their licence every three years or shorter period as granted by the Licensing Committee. Reminders are issued by email to the host/owner or operator and any appointed agent. We may also contact you and your agent to advise of legislative changes or changes in local policy.

The council maintains a records retention and disposal schedule which sets out how long we hold different types of information for. The Council will hold your information for 3 years, from the date the licence is surrendered, refused or revoked.

For this purpose you have the right to be forgotten under certain circumstances and can access this right at any time. Should you wish to access this right, please contact the Data Protection Officer.

You have the right to request access to and rectification or erasure of personal data held by the council and can request that we restrict processing or object to processing.

We do not use profiling or automated decision-making for this purpose.

If you are unhappy with the way we have processed your personal data you have the right to complain to the Information Commissioner's Office:

Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire SK9 5AF
Helpline: 0303 123 1113
Website: <https://ico.org.uk/>

but you should raise the issue with our Data Protection Officer first.

NOTICE

Short-term Let

Application for Licence

NOTICE IS HEREBY GIVEN that application has been made on to Dundee City Council for Licence of a Short-term Let in respect of the premises.

Date:

at

by Name

Address

Postcode

Type of Licence

Secondary Letting

☐

Home Sharing

☐

Home Letting

☐

Home Sharing & Home Letting

☐

Day to Day Manager/Agents details (if different from applicant)

Name

Address

Postcode

Any objections or representations in relation to the application should be made to the Head of Democratic and Legal Services, Dundee City Council, 21 City Square, Dundee, DD1 3BY or electronically to licensing.board@dundee.gov.uk generally within **28 days** of the above mentioned date. Objections and representations should be made in accordance with the following provisions, namely:

1. Any objection or representation relating to an application for the renewal of a licence shall be entertained by the Licensing Authority if, but only if, the objection or representation:
 - a. is in writing;
 - b. specifies the grounds of the objection or, as the case may be, the nature of the representation;
 - c. specified the name and address of the person making it;
 - d. is signed by him or on his behalf;
 - e. was made to them within 28 days of whichever is the later or, as the case may be, latest of the following dates:
 - i. where public notice of the application was given in a newspaper, the date when it was first so given;
 - ii. where Dundee City Council have required the applicant to display the Notice again from a specified date; that date;
 - iii. in any other case, the date when the application was made to them.
2. Notwithstanding (1)(e) above, it shall be competent for a Licensing Authority to entertain an objection or representation received by them before they may take a final decision upon the application to which it relates if they are satisfied that there is sufficient reason why it was not made in the time required.
3. An objection or representation shall be made for the purposes of (1) above if it is delivered by hand within the time there specified to the Licensing Authority or posted (by registered or recorded post) so that in the normal course of post it might be expected to be delivered to them within that time.
4. Dundee City Council shall send a copy of the objection or representation to the applicant.

CERTIFICATE OF COMPLIANCE

Short-term Let -

Application for Licence

I being the applicant/agent for a Licence for a

Short-term Let, hereby certify that a NOTICE has been posted at or near the

premises at

from

Date:

to

Date:

containing such information as is required by
paragraph Paragraph 2 of Schedule 1 of the Civic
Government (Scotland) Act 1982.

*Where the said Notice was removed, obscured or defaced during the above mentioned period, I
took reasonable steps for its protection and replacement as follows:
(give details and circumstances)

I have removed the NOTICE following it being displayed for 21 days

☐

Signature

Date

**delete if not applicable*

**This Certificate must be returned to the Senior Electoral Services & Licensing Officer,
Support Services, 21 City Square, Dundee, DD1 3BY, only after the 21 day notice period is
over or electronically to licensing.board@dundee.gov.uk . If calling in person please
visit 21 City Square.**