



Short Term Let Application Form The Civic Government (Scotland) Act 1982 (Licensing of Short-term Lets) Order 2022

You can use this form to apply for a licence for a Short Term Let. Before lodging your application please carefully read through all documents available to download at www.fife.gov.uk

If additional information is supplied on a separate sheet(s), make sure they are securely attached to the application.

If you require any further advice regarding the licensing scheme please contact ShortTerm Lets on 01592 583170 or email shorttermlets@fife.gov.uk

We recommend using “Recorded/Mailed signed for delivery” to ensure safe delivery, tracking and receipting of your application documentation to Fife Council

Please complete and return the application to:

**Short Term Let Licensing
3rd Floor Main
Fife House
North Street
Glenrothes
KY7 5LT**

Property Address

Please Note: It is important that the **property address that you seek a Licence** for is exactly the same address that appears on all of the appropriate supporting documents and certificates.

Please tell us about the premises for the short-term let application:

Name of premises	
House/Flat Number (if applicable)	
Address	
On what date did the current owner take ownership of the property? Please refer to the title deeds.	

Section 1 - Application Checklist

Note - this check list must be fully completed in order to submit your application

I have enclosed the following – please tick to confirm (or enter N/A)	
Completed application form	<input type="checkbox"/>
Correct application fee	<input type="checkbox"/> See fee structure
Annual gas certificate (<i>for premises with a gas supply</i>)	<input type="checkbox"/> Valid to:
Electrical Installation Condition Report (Valid for the duration of the licence)	<input type="checkbox"/> Valid to:
Portable Appliance Testing Report	<input type="checkbox"/> Date issued:
Planning permission (<i>for premises within a control area or where requested by the licensing authority</i>) Please note Planning status may change if control areas are designated in Fife.	<input type="checkbox"/> Planning application reference number (if required):

I have: – please tick to confirm (or enter N/A)	
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"/>
EPC Certificate (<i>for premises which are dwellinghouses</i>)	Valid to: Rating:
Buildings Insurance	Valid to:
Public Liability Insurance	Valid to:
Legionella Risk Assessment	Date Completed:
Floor Plans (If required)	Please note: We will contact you if required
Proof of consent from owner(s) (if applicable)	<input type="checkbox"/>
Where the applicant is an existing host applying during the transitional period - has the premises been used as a short term let on or before 1 October 2022? Please note that evidence may be requested.	<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, (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.	<input type="checkbox"/>
Applied for planning permission (if required).	<input type="checkbox"/>
Read and understood that for a period of 21 days commencing with the date as advised by Fife Council, I am required to display the public notice at or near the premises so that it can be conveniently read by the public. This is not applicable to Temporary Licences or Exemption Licences.	<input type="checkbox"/>
Noted the requirement to display my licence number and EPC rating on listings for my premises	<input type="checkbox"/>

Read and understood that records must be kept showing that all upholstered furnishings and mattresses within the parts of the premises which guests have access to comply with the Furniture and Furnishings (Fire Safety) Regulations 1988.	<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 requirements for provision of fire, smoke and heat detection	<input type="checkbox"/>
Meets statutory requirements for carbon monoxide alarms	<input type="checkbox"/>
Meets the statutory requirements for private water supplies (<i>for premises with a private water supply i.e not provided by Scottish Water</i>)	<input type="checkbox"/>
Meets obligations with regard to the Tolerable and Repairing standard (<i>applicable to dwellinghouses</i>)	<input type="checkbox"/>
Has been risked assessed (please see accompanying guidance)	<input type="checkbox"/>



**SHORT TERM LET (STL) LICENSING
FIRE SAFETY CHECKLIST**

Address				
			Postcode	
Dutyholder			Contact Tel No	
Contact Email				
Premises STL Reference				
Section A:	Premises Profile	Yes	No	
Is the maximum occupancy of the premises for 10 persons or less (including children)?		<input type="checkbox"/>	<input type="checkbox"/>	
Is the premises being used for home sharing for 8 guests or less (including children)?		<input type="checkbox"/>	<input type="checkbox"/>	
Does the premises have an escape route from each short term let bedroom via a hall and/or stair to at least one final exit door (which has direct access to the outside)?		<input type="checkbox"/>	<input type="checkbox"/>	
Does the premises have letting accommodation on the ground and/or first floor only?		<input type="checkbox"/>	<input type="checkbox"/>	
Is the premises storey areas less than 200 m ² internal floor space?		<input type="checkbox"/>	<input type="checkbox"/>	
Section B:		Yes	No	
Have you carried out and recorded a Fire Safety Risk Assessment which is available for inspection?		<input type="checkbox"/>	<input type="checkbox"/>	
Has the Fire Safety Risk Assessment fully considered the diverse range of needs that guests may have in relation to fire safety?		<input type="checkbox"/>	<input type="checkbox"/>	
Has the Fire Safety Risk Assessment been reviewed in the previous 12 months? <i>Where answer is "No" see guidance below for further advice</i>		<input type="checkbox"/>	<input type="checkbox"/>	
	Have escape routes (fire resisting construction and self-closing fire doors where appropriate) been assessed as adequate for the property type through the premises Fire Safety Risk Assessment?	<input type="checkbox"/>	<input type="checkbox"/>	
	Can you confirm that no inner rooms are used as sleeping accommodation?	<input type="checkbox"/>	<input type="checkbox"/>	
	Are escape routes (including communal areas, where present) clearly signed as such and kept free from obstruction at all times?	<input type="checkbox"/>	<input type="checkbox"/>	
	Have you recorded the evacuation procedures and ensured that guests are aware of them? E.g. have they been provided with the information in the form of a fire action notice or via a welcome folder? <i>Where answer is "No" see guidance below for further advice</i>	<input type="checkbox"/>	<input type="checkbox"/>	

		Yes	No
Doors and Exits	Do all final exit doors, including the main entrance used by guests, open from the inside without use of a key? <i>Where answer is "No" see guidance below for further advice</i>	<input type="checkbox"/>	<input type="checkbox"/>
Firefighting Equipment (Extinguishers)	Is the firefighting equipment adequate for the risk in the premises (number, type, location)? ** as assessed through the premises Fire Safety Risk Assessment? <i>Where answer is "No" see guidance below for further advice</i>	<input type="checkbox"/>	<input type="checkbox"/>
	Is firefighting equipment maintained annually and recorded on the test labels and/or log book? <i>Where answer is "No" see guidance below for further advice</i>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic Fire Detection	Is the level of automatic fire detection adequate within the premises as assessed through the premises Fire Safety Risk Assessment?	<input type="checkbox"/>	<input type="checkbox"/>
	Is the system tested weekly/monthly/annually and the results recorded in a Log Book? <i>Where answer is "No" see guidance below for further advice</i>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Lighting	Is there adequate provision for the lighting of emergency routes in the event of a mains failure as assessed through the premises Fire Safety Risk Assessment?	<input type="checkbox"/>	<input type="checkbox"/>
	Is any equipment provided tested and maintained with the results of tests recorded in a Log Book? <i>Where answer is "No" see guidance below for further advice</i>	<input type="checkbox"/>	<input type="checkbox"/>
General	Is there an up to date Fire Log Book including test certificates available for audit? <i>Where answer is "No" see guidance below for further advice</i>	<input type="checkbox"/>	<input type="checkbox"/>

Guidance Advice for Dutyholders

1. [Do You Have Paying Guests?](#) (Currently National Fire Chiefs Council Guidance for English based properties. This will be superseded by Scottish Guides in due course)
2. [Practical Fire Safety Guidance for Existing Premises with Sleeping Accommodation](#) (Where answers are yes in all of section A Annex 2 may be used.)
3. [Non-domestic fire safety](#)

Section 2 – Licence type

Please indicate the type of Licence you wish to apply for by ticking the appropriate box and providing any relevant information in the boxes below

First Application	<input type="checkbox"/>
Renewal	<input type="checkbox"/>
Renewal licences only: I/we have adhered to all the conditions on our current licence.	<input type="checkbox"/>
If no please provide details below	
Variation to an existing licence	<input type="checkbox"/>
Please indicate the reason for varying an existing Short Term Let Licence (if applicable)	
Temporary Exemption Please enter the dates you require a temporary exemption	<input type="checkbox"/> From: _____ To: _____
Please note: This must be a specified single continuous period not exceeding 6 weeks in any period of 12 months	
Temporary Licence Please enter the dates you require a temporary Licence	<input type="checkbox"/> From: _____ To: _____
Please note: A temporary licence can also last for up to six weeks, or longer if the host or operator has also made an application for a licence. If they have applied for a licence, their temporary licence will last until their licence application is finally determined	

Section 3 – Applicants Details

Please Note: An application to a local authority for a Short Term Let Licence should be made by the host(s) or operator(s) of the short term let. Should the licence be granted the person(s) named in sections 3a or 3b will be the named licence holder(s) and will appear on the public register.

Are you applying as an individual or corporate entity?	Individual (Go to 3a)	Corporate Entity (Go to 3b)

3a

Title	
Full name	
Any name previously known by:	
Date of Birth	
Place of Birth	
Home address (if different from premises address)	
Contact Telephone number	
Email address	

3a Joint applicant's details

Title	
Full name	
Any name previously known by:	
Date of Birth	
Place of birth	
Home address (if different from premises address)	
Contact Telephone number	
Email address	

3b corporate entity (e.g. company, partnership, trust or charity)

Full name of company/partnership/charity/trust	
If a limited company/charity please provide your number:	
Registered address	
Contact phone number	
Contact email address	

Please provide details of all director(s), trustees and/or other persons concerned in the management of the body (if more than 2, please copy the following page and complete as necessary) **Please Note:** The name and address of each of the owners, directors, partners and/or other persons concerned in the management of the body must be provided. Failure to provide full details for each person will result in an invalid application. This information is requested for the fit and proper test.

Full name	Home address	Place of birth	Date of birth

3C Owners Details (if not provided in previous section)

Title	
Full name	
Any name previously known by:	
Date of Birth	
Place of Birth	
Home address (if different from premises address)	
Contact Telephone number	
Email address	

Joint Owners details

Title	
Full name	
Any name previously known by:	
Date of Birth	
Place of Birth	
Home address (if different from premises address)	
Contact Telephone number	
Email address	

Section 4 Agents

Has an agent been appointed for the application process only		Yes/No	
Name of Person and/or organisation (if applicable)			
Name of individual responsible for day to day management			
Date of Birth			
Place of Birth			
Contact address			
Is this the main correspondence address	Yes/ No	Is this the main contact for access to the property	Yes/No
Contact phone number			
Email address			
Will this individual carry out day to day management of the short term let?		Yes/No	

information provided will be disclosed to Police Scotland, the Scottish Fire and Rescue Service and any other party deemed appropriate by Fife Council in the determination of this application

Please provide details of all agents. If the agent is a body please provide details of all director(s), trustees or other persons concerned in the management of the body (if more than 3, please copy the following page and complete as necessary) **Please Note:** The name and address of each of the directors, partners and/or other persons concerned in the management of the body must be provided

Full name	Home address	Place of birth	Date of birth

Section 5 Correspondents Details

This must be a person named in section 3-4 who will be the main contact for communication from Fife Council

Name	
Address	
Telephone Number	
Email Address:	
24 hour Emergency Contact Number (if different from the above)	

Section - 6 UK Residency

Has any person named in the application ever resided outside of the UK?	Yes/No
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If yes please provide as much accurate information as you can in the space provided below relating to the countries you have lived

Name	Full address outside of the UK	Date to	Date from

Section 7 – Convictions, Licence History & Accreditations
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Has anybody named on the application been convicted of any offence? Please include details of any unspent convictions in the table below:

Name	Date	Court	Offence	Sentence

Has anyone named in this application ever had a registration, licence or accreditation in the UK refused or revoked? Yes/No – if yes please provide details

Date refused or revoked	Refused or revoked by (organisation name)

Is this property accredited by any other body	Yes/No (if yes please provide details below)
Name of inspecting body	Accreditation name

Section 8 Property Details

What type of accommodation will be used for a short-term let?	Select One
Secondary Letting The letting of property where you do not normally live, for example a second home let to guests	
Home Letting Using all or part of your own home for short-term lets whilst you are absent, for example whilst you are on holiday	
Home Sharing Using all or part of your own home for short-term lets whilst you are there	
Home Letting and Home Sharing Operating short-term lets from your own home while you are living there and for periods when you are absent	

	Yes	No
Have you operated as a short-term let before 1 st October 2022*		

*If yes please note that evidence may be requested.

Please provide the maximum number of sleeping spaces. This may include beds or hammocks, but not cots for under two year olds.	
If the property is a building how many rooms are there? Please exclude kitchens and bathrooms.	
What is the maximum number of occupants you hope to accommodate within the premises at any one time?	
Please select the type of premises	Detached House <input type="checkbox"/> Semi-detached house <input type="checkbox"/> Terraced House <input type="checkbox"/> Flat/Maisonette <input type="checkbox"/>

	<p>Unconventional accommodation <input type="checkbox"/></p> <p>if yes please state what type of accommodation eg Yurts, pods & wigwams etc.</p> <p>Please provide details on how the accommodation is heated:</p>
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What is the gas supply to the premises/accommodation?	Mains Supply <input type="checkbox"/> LPG <input type="checkbox"/> Both <input type="checkbox"/> None <input type="checkbox"/>
Do you store gas supplies or oil supplies at the premises/accommodation?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes please provide details where stored:
Are there any combustion appliances provided?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please provide details
What is the electrical supply arrangement to the premises/accommodation.	Mains Supply <input type="checkbox"/> Private Supply <input type="checkbox"/> None <input type="checkbox"/>
Is there a drainage system for surface water/non foul water provided to the premises?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does premises have a sewage disposal system?	Public Sewer <input type="checkbox"/> Private System <input type="checkbox"/> Septic Tank <input type="checkbox"/> None <input type="checkbox"/>

I/We declare –

- That the particulars given on this form are correct to the best of my knowledge and belief.
- Undertake to keep Fife Council updated with any material change of circumstances including a change of personnel named in section 3 & 4.
- * That the property will comply with the Licensing Conditions and requirements for the duration of the licence.
- I have complied with the various requirements in relation to safety that have been set out in this form and also in the conditions. I undertake to continue to satisfy these requirements for the duration of the license.
- I understand that I commit an offence if I supply any information to Fife Council in connection with this application that is false or misleading and which I know is false, misleading or reckless.
- I understand that it is a criminal offence to operate the property as Short Term Let without a Licence
- I confirm there have been no internal property changes since the previous application

False declarations

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

Signed: _____

Date: _____

This Privacy Notice explains how we use the information that we collect about you.

The Private Sector Team collect, process and hold your personal information to deliver Short Term Let Licensing effectively and to meet strategic and statutory responsibilities.

The Private Sector Team has a duty to provide these services under the:

- Civic Government(Scotland) Act 1982 (Licensing of Short-term Lets) Order 2022
- Anti -Social behaviour Act 2004

The Private Sector Team uses personal information provided by you to assist with assessing your application.

We collect and process personal data for the purposes of:

- Considering applications for Short Term Let Licenses
- Customer engagement and tenant participation activity including events, consultations, surveys and publications.

The personal information we process includes names, addresses, contact details including email addresses and telephone numbers and dates of birth. Other categories may include, address history, gender, age and criminal convictions.

At times we will share your information with other council services e.g. Planning, Protective Services and Building Standards. We may also share with external partners and organisations e.g. Scottish Government, Police Scotland, Scottish Fire and Rescue Service and other local authorities.

We may at times receive information about you from other sources these include; other local authorities, Police Scotland and Scottish Fire and Rescue Service. partner services and Ministry of Defence/Home Office.

We also obtain information about you from publicly accessible sources these include; Registers of Scotland.

On occasion we will gather information about third parties relevant to you, these include household details and power of attorney.

In the event that we did not obtain and use this information then it would not be possible to carry out our statutory functions and provide this service.

Housing Services does not use any automated decision making or profiling tools.

The Council will not keep your information for longer than is necessary. In some instances the law sets the length of time information has to be kept. The Council has a retention schedule which sets out how long we hold different types of information. This can be found in the link below.

<https://www.fife.gov.uk/kb/docs/articles/council-and-democracy/security-and-compliance>

Further information on how your information is used and why can be found at [fife.gov.uk/privacy](https://www.fife.gov.uk/privacy). The Council's Data Protection Officer can be contacted at: dataprotection@fife.gov.uk.

If in doubt about legal requirements you should consult a solicitor or professional letting agent.

Legal Advice Fife Law Centre
Ore Valley Business Centre Lochgelly
KY5 9AF
Tel – 01592 786710
Email – info@fifelawcentre.co.uk

Bacs Details

Sort Code: 83 22 37

Account Name: The General Fund

Account Number: 00197588

Reference: Please Quote STL and then the property address