

## **APPENDIX 1**

### **COPY APPLICATION**

**The Civic Government (SCOTLAND) ACT 1982  
(Licensing of Short-Term Lets) Order 2022  
Application for the Grant of a Licence for a Short -Term Let**

*For office use only (Form STL/1)*

First or further application	
Ref No	
Date Registered	
Fee / Receipt No	

Answer questions 1 and 2 followed by **either** question 3 or question 4 and all other questions

<p><b>1. (a) Type of Licence required:</b> (Definition of Licence types are defined within the guidance notes) Please tick.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Secondary Let Licence</td> <td style="width: 30%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Home Let Licence</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Home Share Licence</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Home Let &amp; Home Share Licence</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Secondary Let Licence	<input checked="" type="checkbox"/>	Home Let Licence	<input type="checkbox"/>	Home Share Licence	<input type="checkbox"/>	Home Let & Home Share Licence	<input type="checkbox"/>
Secondary Let Licence	<input checked="" type="checkbox"/>								
Home Let Licence	<input type="checkbox"/>								
Home Share Licence	<input type="checkbox"/>								
Home Let & Home Share Licence	<input type="checkbox"/>								
<p><b>(b) Are you an existing host</b> (operating prior to 1<sup>st</sup> October 2022) or a new host?</p>	<p>Existing <input checked="" type="checkbox"/>      New <input type="checkbox"/></p>								
<p><b>2. Name</b> (if any) and address of premises for which a licence is required (hereinafter called "the premises"). For premises with multiple units (e.g., yurts or lodges) please advise on each unit and supply a site plan.</p>	<p style="font-size: 1.2em;">2 DUNNOTTAR SQUARE STONEHAVEN</p> <p>Post Code:</p>								
<b>3. TO BE COMPLETED IF THE APPLICANT IS AN INDIVIDUAL (if a company please go to Q4)</b>									
<p><b>a) Full Name</b> (block letters) (NB: The applicant must be the owner of the building and details of all owners must be provided)</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Surname</th> <th style="width: 50%;">Christian Name(s)</th> </tr> </thead> <tbody> <tr> <td>1. GARDEN</td> <td>RAYMOND EDWARD</td> </tr> <tr> <td>2.</td> <td></td> </tr> </tbody> </table>	Surname	Christian Name(s)	1. GARDEN	RAYMOND EDWARD	2.			
Surname	Christian Name(s)								
1. GARDEN	RAYMOND EDWARD								
2.									
<p><b>b) Home Address</b></p>	<p>57/3 MAO 8 TAMBON PHO SAM TON KOMPON BANG PAHAN, AYUTTHAYA Post Code: 13220 THAILAND</p>								
<p><b>c) Email address</b></p>									
<p><b>d) Telephone Number / Mobile</b></p>									
<p><b>e) Age, Date &amp; Place of Birth</b></p>									

<p>f) Is applicant to carry out day to day supervision of the Premises to be licensed?</p> <p>If no, do you employ a manager or agent? Give full name &amp; address, date of birth and place of birth of any manager or agent.</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p> <p>SHARON GARDEN 11 WEST PARK CRESCENT INVERBERGIE, MONTROSE DD10 0TX</p> <p>[REDACTED]</p>
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Telephone Number / Email	[REDACTED]
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**4. TO BE COMPLETED IF APPLICANT IS A COMPANY OR PARTNERSHIP**

a) Full Name of Company or Partnership	
b) Address of Principal or Registered Office	
c) Telephone Number	
d) Email address	
e) Full names, addresses, dates & places of birth of company directors, partners or other persons responsible for management of the company (use separate sheet if required)	
f) Full name, address, place and date of birth of the director or employee responsible for the day-to-day supervision of the premises to be licensed	

**5. Type of Property**

<p>Please select the type of property:</p> <p>Detached House <input type="checkbox"/></p> <p>Semi-detached house <input type="checkbox"/></p> <p>Terraced House <input checked="" type="checkbox"/></p> <p>Flat <input type="checkbox"/></p> <p>Unconventional accommodation <input type="checkbox"/></p> <p>(Please specify)</p>	<p>Details:</p> <p>2 BEDROOMS 1 LIVING ROOM 1 KITCHEN 1 TOILET 1 BATHROOM FRONT &amp; REAR ENTRANCE</p>
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6. Location of Property / Water Supply			
a) Does the property lie within a National Park? If yes, provide details  b) Is the property connected to public mains or private water supply?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Details:
	Mains <input checked="" type="checkbox"/>	Private <input type="checkbox"/>	
<b>7. Number of Occupants</b> (for multiple units requiring one licence, please advise on the total number of persons the licence will relate to)			
a) Total number of guests to be accommodated at any one time		5	
b) Total number of owner/s family normally resident at any one time (home sharing only)		0	
<b>8. Number of Rooms</b> (for multiple units requiring one licence e.g. lodges, please list the rooms per unit e.g. lodge 1 - 2 bedrooms etc)			
a) Number of bedrooms providing sleeping accommodation		2 Bedrooms	
b) Number of bathrooms or separate toilets (including any en-suite)		Bathrooms	Toilets
c) Number of communal rooms e.g., living room		1	
d) Do these common rooms provide sleeping accommodation? Y or N If Yes, for how many occupants?		No	
<b>9. What Catering Arrangements are provided to guests?</b>		select one option below	
a) Bed and Breakfast accommodation		<input type="checkbox"/>	
b) Full Board accommodation		<input type="checkbox"/>	
c) Self Catering accommodation with kitchen for guest use		<input checked="" type="checkbox"/>	
d) No catering facility		<input type="checkbox"/>	
<b>10. Has/Have the applicant(s) or any other person named in this application ever been convicted of any crime or offence, (This includes current and spent convictions)? (Enter YES or NO only)</b>		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>



<p><b>11.</b></p> <p><b>(a)</b> Has the applicant or any person named in section 3 or 4 above previously held or currently hold a Short-Term Let Licence?</p> <p>If YES: -</p> <p>(i) Which Council granted the Licence?</p> <p>(ii) What was the licence number, date of grant and date of expiry?</p> <p><b>(b)</b> Has the applicant or any person named in section 3 or 4 above ever applied for and been refused a Short-Term Let Licence or had a Short-Term Let Licence suspended or revoked?</p> <p>If YES: -</p> <p>(i) Which Council refused, suspended or revoked the Licence?</p> <p>(ii) When was the Licence refused, suspended or revoked?</p> <p><b>(c)</b> Has the applicant or any person named in section 3 or 4 above ever applied for and been refused Landlord Registration or had their Landlord Registration suspended or revoked?</p> <p>If YES: -</p> <p>(i) Which Council refused, suspended or revoked the Registration?</p> <p>(ii) When was the Registration refused, suspended or revoked?</p> <p><b>(d)</b> Has the applicant or any person named in section 3 or 4 above ever applied for and been refused an HMO Licence or had an HMO Licence suspended or revoked?</p> <p>If YES: -</p> <p>(i) Which Council refused, suspended or revoked the Licence?</p> <p>(ii) When was the Licence refused, suspended or revoked?</p>	<p><del>YES</del> / NO</p> <p>(i)</p> <p>(ii)</p> <p>YES / NO</p> <p>(i)</p> <p>(ii)</p> <p><del>YES</del> / NO</p> <p>(i)</p> <p>(ii)</p> <p><del>YES</del> / NO</p> <p>(i)</p> <p>(ii)</p>
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<p><b>12. Are any of the following facilities available to the guests or included as part of the accommodation booking?</b></p> <p><i>Please tick where appropriate</i></p> <p>(a) Hot tub</p> <p>(b) Swimming pool</p> <p>(c) Sauna</p> <p>(d) Sun Bed</p> <p>(e) Sports equipment such as Bicycles; watercraft; skis/snowboards</p> <p>(f) Outdoor play equipment</p> <p>(g) Internal / external LPG or solid fuel appliances such as BBQ; woodburning stove; patio heater</p>	<p>a) <input type="checkbox"/></p> <p>b) <input type="checkbox"/></p> <p>c) <input type="checkbox"/></p> <p>d) <input type="checkbox"/></p> <p>e) <input type="checkbox"/></p> <p>f) <input type="checkbox"/></p> <p>g) <input type="checkbox"/></p>
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When completed, this form should be lodged with: [STL@aberdeenshire.gov.uk](mailto:STL@aberdeenshire.gov.uk) or posted to -

The Head of Planning and Economy  
 (Environmental Health)  
 Aberdeenshire Council  
 Gordon House  
 Blackhall Road  
 Inverurie  
 AB51 3WA

For an application to be considered, the form must be completed, both declarations must be completed and signed and submitted along with the necessary documents, as stated below –

Checklist		To Follow (provide date)
<b>Please enclose the following: -</b>		
Application form	✓	
Gas Certificate (if applicable)	✓	
Electrical Installation Certificate (EICR)	✓	
Portable Appliance Test Certificate (PAT)	✓	
Public Liability / Property owners' liability Insurance	✓	+RECEIPT
Energy Performance Certificate (conventional secondary lets only)	✓	
SFRS Checklist and Fire Risk Assessment (this will be passed to the fire service)	✓	
Location and/or site plan for rural premises with multiple units (if applicable)		
Details including dimensions of rooms used for sleeping purposes	✓	5M x 4.4M 5m x 3.1M
Wholesome Private Water Supplies – evidence of satisfactory results within the last 12 months (if applicable)		
Has the correct fee been submitted? Please provide receipt number if known	Yes / <del>No</del>	Receipt No.
Site Notice to be displayed for 21 days from the date of this application	Yes / <del>No</del>	
<b>Do not return the 21-day notice or the compliance certificate with this application.</b>		

**GDPR**

The applicant, and, where the applicant is a company, business or other body or any person who has supplied personal information as part of this application **MUST READ AND UNDERSTAND THE ATTACHED PRIVACY NOTICE.**

Aberdeenshire Council will manage your personal data in accordance with the requirements set out in the General Data Protection Regulations 2018 (GDPR). The attached Privacy Notice provides further information about this. **Please retain the Privacy Notice**

Any person who in connection with the making of this application makes any statement which he/she knows to be false or recklessly makes any statement which is false in a material shall be guilty of an offence and liable, on summary conviction, to a fine not exceeding £2500.

Please complete, date and sign the above 'display of public notice' declaration and read the attached Privacy Notice before dating and signing page 5 and returning your application form.

Date: 25/09/23

Signature of Applicant/Agent: S. Garden

Address of Agent (if any): 11 WEST PARK  
CRESCENT  
INVERSLIVIE DD10 0TX

Position of Applicant in the Company or other MANAGER  
Organisation if not otherwise stated: .....

***Failure to give the above consents will mean the application cannot be processed and a licence cannot be granted.***

IF YOU HAVE ANY QUERIES REGARDING COMPLETION OF THIS FORM, OR REQUIRE FURTHER ASSISTANCE, PLEASE CONTACT:

Aberdeenshire Council, Environmental Health Service, Tel: 01467 539039 or email: [STL@aberdeenshire.gov.uk](mailto:STL@aberdeenshire.gov.uk)

## DISPLAY OF PUBLIC NOTICE DECLARATION

\*[A] I/We declare that I/we shall for a period of 21 days from this date, display at or near the premises from which the activity or activities is/are to be operated so that it can be conveniently read by the public, a Notice complying with the requirements of Paragraph 2 of Schedule 1 to the Civic Government (Scotland) Act 1982. Once the 21-day period has expired, I/We will produce to the Council a Certificate of Compliance together with a copy of the Notice (see [B] of the Appendix).

Or

\*[B] I/We declare that I am/we are unable to display a Notice complying with the requirements of Paragraph 2 of Schedule 1 to the Civic Government (Scotland) Act 1982 at or near the premises from which the activity or Activities is/are to be operated because I/we have no rights of access or other rights enabling me/us to do so, but I/we have taken the following steps to acquire the necessary rights without success, namely: (see [C] of the Appendix) {continue on a separate sheet if Necessary}.

Signature:



Date:

25/09/23

Signature:

Date:

**I/We declare that I/We have read the terms of this application form and any related guidance. I/We declare that the particulars given by me/us on this form are correct to the best of my/our knowledge and belief.**

\*Delete as inapplicable