



COMHAIRLE NAN EILEAN SIAR

CIVIC GOVERNMENT (SCOTLAND) ACT 1982

APPLICATION FOR TRANSFERRING A SHORT-TERM LET LICENCE GUIDANCE NOTES

Background

Operators with certain short-term lets required to be licensed from 1 October 2023 (new) / 1 April 2023 (existing). A separate licence is required for each let.

Licences will normally last for 3 years and a renewal application must be made before an existing licence expires.

Although paper applications are accepted, it is preferred that hosts/operators apply online at: www.cne-siar.gov.uk.

If you are transferring a licence or are having a licence transferred to you, please read these notes before you begin.

Before you begin The licence application form is split into two parts. The first part, Part 1, is for the current licence holder- **the Licensee** and they should fill this part.

The current licence holder should provide the second part, Part 2 of this application to the person who the licence is being transferred to - **the Transferee**. The Transferee should complete and return this separately.

GUIDE TO COMPLETION – Parts & Sections

Part 1 Licensee

S1 Current Licence Holder

Please provide the details of the licence being transferred.

S2 Transferee

Please provide details of who you are transferring the licence to.

S3 Ownership of the premises/property

Please provide details of all owners and evidence that they have given consent to the transfer.

S4 Declaration

Applicants are required to complete and sign the declaration.

Part 2 Transferee

S1 Current Licence Holder

Please provide the details of the licence being transferred.

S2 Short-Term let Details

Please provide details if there is any change to the type of licence or occupancy (i.e. if the current licence is a secondary let but the new owner wants to live in it and do home sharing).

You will also need to confirm that you are aware and will comply with all the conditions of the licence.

PLEASE INDICATE IF YOU ARE WANTING THE LICENCE TRANSFERRED TO AN INDIVIDUAL OR A NON-INDIVIDUAL

S3 If you are an individual

This section should only be completed by an individual applicant. If you are completing on behalf of a partnership, charity or company, please only complete Section 3

Please fill in all sections for the applicant and for all any agents or day-to day managers.

Please remember to include the address history covering 5 years for the applicant and agents or day-to day managers.

You will also need written/emailed consent from all future owners of the property that they have consented to this application. A template consent form is included at the end of this form.

S4 If you are applying on behalf of an organisation

Please tell us the organisation name, your name and your position in the organisation, along with the organisation's Company

Registration Number, if it has one. If the organisation is a registered Scottish Charity, please tell us the registration number. If you are applying on behalf of a Trust, please contact us for further advice.

Your organisation must have at least one employee/agent who is named to carry out the day-to-day management of the business.

S5 Convictions

Subject to the Rehabilitation of Offenders Act 1974, if the applicant, manager or anyone named on the application form has been convicted of any crimes or offences these must be detailed in this part of the form.

S6 Previous licence applications

Detail if anyone named in the form has previously had a licence or been refused a licence.

S7 Relationship to Councillor

Applicants related to a senior Comhairle Officer or Councillor should complete this section. This will not affect any decisions but may affect how the application is processed by the Comhairle.

S8 Ownership of the premises/property

Please provide details of all owners and evidence that they have given consent to the transfer.

S9 Declaration

Applicants are required to complete and sign the declaration.

Additional Information

Publicity

Short-term let licences will be displayed on a [public register](#).

Competent Application

If the licence holder has not provided the required fee and both the licence holder(s) and Transferee(s) have not completed the applications fully then the application will not be considered competent or submitted. This will be made clear in all correspondence.

Fees

The appropriate fee must accompany all applications. The fee will not be reduced or refunded even if the application is never made competent or considered formally submitted, withdrawn, refused, or the licence is granted for a lower maximum occupancy than in the original licence.

Duration

The timeframe left to run on the licence will transfer to the new licence holder. For example, if a licence transfers 13 months into a three-year licence, the new licence holder will renew the licence after 23 months.

Renewal Reminders

Renewal reminders will typically be issued by email, where an email address is held or otherwise by letter, however it is the responsibility of the Licence holder to renew their licence, irrespective of whether a reminder is issued.

Contact Us

Consumer & Environmental Services, Comhairle Nan Eilean Siar, Sandwick Road, Stornoway, Isle of Lewis, HS1 2BW, Tel: 01851 822694, email: stl@cne-siar.gov.uk | web: www.cne-siar.gov.uk



COMHAIRLE NAN EILEAN SIAR

THE CIVIC GOVERNMENT (SCOTLAND) ACT 1982 (LICENSING OF SHORT-TERM LETS) ORDER 2022

APPLICATION TO TRANSFER A SHORT-TERM LET LICENCE (STL)-LICENSEE

For application fee please refer to the application [fees](#) leaflet (all fees are non-refundable)

This is Part 1 of the application form to transfer an existing Short-term Lets licence.

Please Answer every Question in Typescript or black ink and capital letters

Current Licence Holder

1	Licence holder Name(s):			
	Licensed Short-term let address:			
	Licence No:		Expiry Date:	

Transferee - Please provide details of who you are transferring the licence to

2	Full Name:			
	Address:			
	Phone Number(s):		Email:	
	Have you advised this person that they will need to fill in the "Transferee" part of this application and return it to the Comhairle, fully completed, prior to this application being deemed competent and submitted? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If no, please pass the "Transferee" part of this application to the person the licence is being transferred to.				

Ownership of the premises/property

3	Is the Licence holder the sole owner of the premises/property?	Yes <input type="checkbox"/> Got to Section 4	No <input type="checkbox"/> Detail all owners below & continue on separate sheet if necessary. Please provide a declaration that they consent to this application to transfer the licence		
	Full name	Address	Email address	Phone	Consent Attached
					Yes <input type="checkbox"/>
					Yes <input type="checkbox"/>

Declaration

4	I confirm I am the current licence holder for the above short-term let and I am agreeing to transfer the licence to the person named in Section 2 Yes <input type="checkbox"/>			
	I hereby make my application to Comhairle Nan Eilean Siar and confirm that (a) the particulars given by me on this form are true to the best of my knowledge & belief; (b) I have read the attached guidance & notes; and (c) the appropriate fee is enclosed. Yes <input type="checkbox"/>			
	I confirm that that in submitting this application I consent to the information supplied by me in making this application (data) being held and processed by Comhairle Nan Eilean Siar for its purposes as licensing authority. I understand that data will be disclosed to the police and other public bodies involved with licensing processing and enforcement. I understand that I may check or amend data held or request deletion of data by contacting the Comhairle at the address at the bottom of this form. Yes <input type="checkbox"/>			
	Signature of Licence Holder/ Company Representative:		Print Name:	
Position of applicant, if not otherwise stated:		Date:		
Signature of any secondary Licence holder(s):		Print Name(s):		

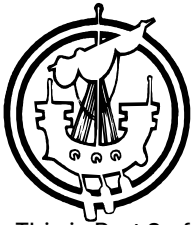
NOTE: Any person who, in connection with the making of this application, makes any statement which he knows to be false or recklessly makes any statement which is false shall be guilty of an offence and liable on summary conviction, to a fine not exceeding level 4 on the standard scale.

Completed Applications should be returned along with the correct fee by email/online or to any Comhairle office or posted to Consumer & Environmental Services, Comhairle Nan Eilean Siar, Stornoway, Isle of Lewis, HS1 2BW

If you have any queries regarding this licence, please phone: 01851 822694 or email to stl@cne-siar.gov.uk

DATA PROTECTION

Comhairle nan Eilean Siar is the (the Data Controller) for purposes under the General Data Protection regulations (GDPR) and the Data Protection Act 2018. Details on how we use your data and your rights under data protection law are available on the [Comhairle website](#).



COMHAIRLE NAN EILEAN SIAR

THE CIVIC GOVERNMENT (SCOTLAND) ACT 1982 (LICENSING OF SHORT-TERM LETS) ORDER 2022

APPLICATION TO TRANSFER A SHORT-TERM LET LICENCE (STL)- **TRANSFeree**

For application fee please refer to the application [fees](#) leaflet (all fees are non-refundable)

This is Part 2 of the application form to transfer an existing Short-term Lets licence.

Please Answer every Question in Typescript or black ink and capital letters

Current Licence Holder

1	Licence holder Name(s):			
	Licensed Short-term let full address:			
	Licence No:		Expiry Date:	

Short-Term let Details

2	Are you, as the new operator, keeping the type of letting the same? Yes <input type="checkbox"/> No <input type="checkbox"/> if no, please detail the proposed type below.					
	<input type="checkbox"/> Secondary Letting <input type="checkbox"/> Home Letting <input type="checkbox"/> Home Sharing <input type="checkbox"/> Home Letting & Home Sharing					
	Do you confirm that you will continue to comply with of all the licence conditions for this premises on transfer? Yes <input type="checkbox"/>					
	Are you keeping the occupancy/letting rooms the same? Yes <input type="checkbox"/> No <input type="checkbox"/> if no, please detail the changes below					
	Max. No of occupants in premises (inc. guests):		Max. No of let bedrooms:		Max. No of Guests:	

Please complete this section if you are an individual natural person (*Do not complete if filling in Section 3*)

3 a	Full Name (include all names & title):					
	Date of Birth:		Place of Birth:			
	Phone Number(s):		Email:			
	Please provide 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:	Address (history for last 5 years)	Postcode	Date from (dd/mm/yy)	Date to (dd/mm/yy)	
b	Do you intend to appoint any agents or day-to day managers?:	No <input type="checkbox"/> Go to Section 2c		Yes <input type="checkbox"/> provide details below & continue on separate sheet if necessary		
	Full Name (include all names & Title):					
	Date of Birth:		Place of Birth:		Role:	
	Phone Number(s):		Email:			
	5 year address history:	Address (history for last 5 years)	Postcode	Date from (dd/mm/yy)	Date to (dd/mm/yy)	

Please complete this section if you are not an individual natural person (e.g. A company or partnership) (Do not complete if filling in Section 2)

4 a	Full Company Name:			Company No:	
	Company address and postcode:				
	Principle office address & postcode (if different):				
	Name of Person Completing Form:				
	Phone Numbers:		Email:		
b	Provide the Personal Details of any Directors, Partners or other persons responsible for the management of the business or organisation, including trustees in the case of charities. continue on separate sheet if necessary. (This cannot be blank)				
	Full name	Personal address	Date of birth	Place of birth	
c	Please complete for all employees or agents who are to carry out the day to day management of the activity being applied for. You must name at least one person (even if already named above)				
	Full name	Personal address	Role	Date of birth	Place of birth

Convictions

5	Subject to the provisions of the Rehabilitation of Offenders Act 1974, has any party named in Section 3, or Section 4 ever been convicted of any crime or offence (this includes contravention's of bye-laws, environmental health/food hygiene regulations and road traffic offences and any other conviction of any kind)? Yes <input type="checkbox"/> No <input type="checkbox"/>				
	If Yes , please details below (Please note all unspent crimes & offences must be declared):				
	Name	Date	Court	Offence	Sentence

Previous Licences

6	Has any person named in Section 3, or Section 4 previously held or do they currently hold this type of licence?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Date Licence Granted
		by which Local Authority Expiry Date:
	Has any person named in Section 3, or Section 4 ever applied for and been refused this type of licence?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Date Licence refused
		by which Local Authority:

Relationship to Councillor or Comhairle Officer

7	Are any of the persons named in Section 3 or 4 a relative or partner of a Councillor or Comhairle Officer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	If yes, please state the name of the applicant & relation, the position held in the Comhairle, and explain the relationship	
	Please note: A “relation” for the purposes of this document is a spouse, partner, child, sister, brother, parent, or parent-in-law of a Member or Officer. In this context ‘Officer’ shall mean an Officer who is salaried at Assistant Director level or above or any officer directly involved in the decision-making process.	

Ownership of the premises/property

8	Will you be the sole owner of the premises/property?	Yes <input type="checkbox"/> Got to Section 4	No <input type="checkbox"/> Detail all future owners below & continue on separate sheet if necessary. Please provide a declaration that they consent to this application to transfer the licence		
	Full name	Address	Email address	Phone	Consent Attached
					Yes <input type="checkbox"/>
					Yes <input type="checkbox"/>

Declaration

9	I hereby make my application to Comhairle Nan Eilean Siar and confirm that (a) the particulars given by me on this form are true to the best of my knowledge and belief Yes <input type="checkbox"/>		
	I confirm that that in submitting this application I consent to the information supplied by me in making this application (data) being held and processed by Comhairle Nan Eilean Siar for its purposes as licensing authority. I understand that data will be disclosed to the police and other public bodies involved with licensing processing and enforcement. I understand that I may check or amend data held or request deletion of data by contacting the Comhairle at the address at the bottom of this form. Yes <input type="checkbox"/>		
	I declare that the particulars given by me on this form are correct to the best of my knowledge and belief.		
	Signature of Owner/ Company Representative:		Print Name:
	Position of applicant in company / partnership, if not otherwise stated:		Date:

NOTE: Any person who, in connection with the making of this application, makes any statement which he knows to be false or recklessly makes any statement which is false shall be guilty of an offence and liable on summary conviction, to a fine not exceeding level 4 on the standard scale.

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COMHAIRLE NAN EILEAN SIAR

SHORT-TERM LET LICENCE PREMISES OWNERS' DECLARATION

Type of Licence Application:	Initial: <input type="checkbox"/>	Initial & Temporary: <input type="checkbox"/>	Renewal: <input type="checkbox"/>	Variation: <input type="checkbox"/>
Change in Circumstances/Other: <input type="checkbox"/> _____				
Type of Letting(s) being carried out:				
<input type="checkbox"/> Secondary Letting (means the letting of property where you do not normally live, e.g. self catering unit)				
<input type="checkbox"/> Home Letting (means using all or part of your own home for short-term lets whilst you are absent, e.g. whilst you are on holiday)				
<input type="checkbox"/> Home Sharing (means using all or part of your own home for short-term lets whilst you are there e.g. B&B)				
<input type="checkbox"/> Home Letting & Home Sharing				
Full address of premises in respect of which the licence is applied including postcode.				
Max. No of occupants in premises (inc. guests):			Max. No of Guests:	
			Max. No of let bedrooms:	
Applicant's Name				
Applicant's Address				

I/We, being owners of the above named premises give consent for the above named person to make application for a short-term let licence

Full name	Address	Signature	Date