



Date Received

## House in Multiple Occupation Additional Person Form

for the recording of additional persons as part of an application for an HMO licence.

Please complete an Additional Person Form for each director, partner, or other person responsible for management and for each employee or Agent to carry out day-to-day management of the activity.

Please complete this form using **black ink**, write in **BLOCK CAPITALS**, and mark option boxes with a **X**.

This form may also be completed electronically.

### Additional Person

Title Mr  Mrs  Miss  Ms  Other

Forename

Surname

Address

Town

Post Code

Phone

Email

Age (years)

Date of Birth

Place of Birth

Is this person to carry out day-to-day management of the activity?

Yes

No

Position

Employee

Agent

Director

Partner

Other Responsible Person

Does this person have any convictions, conditional offers and/or fixed penalties, spent or otherwise, recorded against them?

Yes

No

Information supplied on this form may be held on computer and applicants are advised that in processing the HMO application background enquiries will be made (**including a check of Police records**) which may include reference to personal data held on computer.

Please return this form, along with the House in Multiple Occupation application to:

Environmental Health  
Clackmannanshire Council  
Kilncraigs  
Greenside Street  
Alloa  
FK10 1EB

[ehealth@clacks.gov.uk](mailto:ehealth@clacks.gov.uk)

[www.clacksweb.org.uk](http://www.clacksweb.org.uk)

Tel.: 01259 450 000

Fax: 01259 727 450