

NOTICE IS HEREBY GIVEN that an application has been submitted to Aberdeen City Council for a licence to operate a **House in Multiple Occupation (HMO)** in respect of accommodation at:

HMO ADDRESS	{PropertyAddress}		
		POSTCODE	{Propertypostcode}

1. NAME & ADDRESS OF APPLICANT ¹

NAME	{ApplicantName}		
ADDRESS	{ApplicantAddress}		
		POSTCODE	{ApplicantPostcode}

NAME & ADDRESS OF AGENT (WHERE APPLICABLE) ²

NAME	{AgentName} or {ApplicantName} where applicant is agent		
ADDRESS	{AgentAddress} or {ApplicantAddress} where applicant is agent		
		POSTCODE	{AgentPostcode} or {ApplicantPostcode}

DATE APPLICATION MADE	{ApplicationReceiptDate} Format = DD/MM/YYYY
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Representations

Representations about the application must -

(a) be in writing, (b) set out the name and address of the person making it, (c) be signed by that person or on their behalf and (d) be submitted to the HMO Unit, Operations & Protective Services, Business Hub 1, Lower Ground Floor West, Marischal College, Broad Street, Aberdeen, AB10 1AB, **no later than 21 days** from the date on which the application was made. A copy of the representation will be given to the applicant, it will also be considered by the Council's Licensing Committee and will form part of the public agenda for Licensing Committee Meeting which is available for public inspection in hardcopy and on the Aberdeen City Council website.

¹ Where the applicant is an individual this is their name and address, where the applicant is a body (e.g. company or partnership) then it is the name of the body and the address of the principal office.

² Where the agent is an individual this is their name and address, where the agent is a body (e.g. company or partnership) it is the name of the body and the address of the principal office.