

Application Form Housing Act 2004

Appeals relating to Temporary Exemption Notices

It is important that you read the notes below carefully before you complete this form.

This application form is also available in Welsh. Please contact the tribunal for a Welsh version of this form.

Please write clearly in BLACK ink.

This is the correct form to use if you are a person having control or management of premises required to be licensed and you wish to appeal under 62(7) or section 86(7) of the Housing Act 2004 against the refusal by the Local Housing Authority to grant you temporary exemption from the licensing requirements.

Documents

You must send the following document(s)("required document(s)") with this application:

- a copy of the notice to the Local Housing Authority that you intend to take steps to secure that the premises no longer needs to be licensed;
- a copy of the decision notice.

Failure to send any required document(s) might make this application invalid.

Please do not send any other documents at this time. If and when further documents, information or evidence are needed, you will be asked to send them separately.

Time Limits

The application must be made within 28 days of the date on which the decision was made.

Application Fee

Unless you are entitled to a waiver, you must send the Application Fee of £155 with the application and the required documents.

The Fee must be paid by crossed cheque or postal order drawn in favour of "Welsh Government", or by bank transfer details of which are available on request.

Do not send cash under any circumstances. Cash payments will not be accepted.

Please note:

If you do not send the correct fee payable to or in favour of "Welsh Government" or if you send cash, the application and cash will be returned to you at your risk.

Waiver of Fees

If the Applicant(s) or the partner(s) of any Applicant(s) is/are in receipt of certain income related benefits, the Application Fee may be waived.

To claim a waiver of the Application Fee, the Applicant(s) in receipt of benefit or the Applicant(s) whose partner(s) is/are in receipt of such benefit must complete a waiver application form which can be obtained from the Residential Property Tribunal. This will not be copied to other parties.

Please send the completed application form, the fee (or completed waiver form) and the required documents to:

Residential Property Tribunal Oak House Cleppa Park Celtic Springs Newport NP10 8BD

Note to Applicants

Applicants are advised that any information that they provide to the Tribunal may be recorded in a decision document. All decisions made by the Tribunal are open to the public.

The Residential Property Tribunal will not accept applications by Fax or Email.

Language Preference

The Residential Property Tribunal welcomes receiving correspondence in Welsh or English. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding. The Tribunal also welcomes phone calls in Welsh or English.

You may submit forms, documents and make written representations to the tribunal in Welsh or English.

The tribunal will accept applications by email to rpt@gov.wales or in hard copy by post.

Please inform the tribunal of your language preference by completing box 3 below.

Address of Property:		
DETAILS OF APPLIC	ANT	
Name of Applicant:		
Address (including pos	itcode):	
Address for correspond	dence (if different):	
Геlephone: Day:	Evening	: Mobile:
Email address:		
 Capacity (owner/mana	ger):	
Name and Address an	- ,	relevant):
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. DETAILS OF RESPONDENT				
Name of the Local Housing Au	ıthority:			
Address (including postcode):	ldress (including postcode):			
Address for correspondence (if	f different):			
Reference:				
	Evoning:	Mobile:		
Telephone: Day:	Evening:	inobile.		
Email address (if known):				
. DETAILS OF LANDLORD (IF	NOT ALREADY GIVE	N)		
Name:		,		
Address (including postcode):				
Address for correspondence (in	f different):			
Reference:				
Telephone: Day:	Evening:	Mobile:		
Email address (if known):				
DETAIL O OF ANY INTERES				
. DETAILS OF ANY INTEREST The Tribunal needs to know the		of other people who may be significan	tlv	
affected by this application such			itiy	
Name of interested person:				
Address (including postcode):				
Name of interested person:				
Address (including postcode):				
	ersons, please provide			

7	ADDITIONAL INFORMATION
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-	Please set out briefly why you believe that the Tribunal should make the order requested:
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8.	OTHER APPLICATIONS
	Are you aware of any applications which EITHER involve issues concerning the same premises OR concern other premises where the same parties are involved (either as Applicant or Respondent)?
	If so, please give details including the case reference number(s). The Tribunal may order that some or all of the applications or particular issues raised in those applications be dealt with at the same time.
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9.	CAN WE DEAL WITH YOUR APPLICATION WITHOUT A HEARING?
	t is possible for your application to be dealt with entirely on the basis of written representations ("paper determination") but only if:
	the Tribunal thinks it is appropriate and
	no party requests a hearing
	Even if you agree to a paper determination
	 the Tribunal may decide that an oral hearing is necessary.
	 you or any other party may still ask for an oral hearing at any time before the determination
	is made.
İ	Do you agree to this application being determined without an oral hearing. YES O I
	Please ensure that you complete this form in full on the assumption that there will be an oral nearing.

10. URGENCY OF APPLICATION
Please let us know if there is a particular urgency for a determination in this case and if so, why?
11. AVAILABILITY
If there are any days or dates we must avoid during the next three months (either for your convenience or the convenience of any witness or expert you may wish to call) please list them here.
Dates on which you will NOT be available:
12. VENUE REQUIREMENTS
Please provide details of any special requirements you or anyone who will be coming with you may have (e.g. wheelchair access, presence of an interpreter). It will assist the Tribunal in making arrangements if it has been made aware of your needs.
13. STATEMENT OF TRUTH
I believe that the facts stated in this application are true.
Signed:
Name (in capitals):
Capacity (if appropriate):
Date:

Checklist

Please check that:

- you have completed this form IN FULL.
- you have enclosed all the required documents.
- you have enclosed the required fee or application for waiver.

The Tribunal will not process your application if you have not done so.

Please contact the Residential Property Tribunal if you have any questions about how to fill in this form or the procedures the Tribunal will use:

Telephone: 0300 025 2777 Email: rpt@gov.wales