·EDINBVRGH·
THE CITY OF EDINBURGH COUNCIL

HMO

Application for House in Multiple Occupation Licence
Housing (Scotland) Act 2006

Please read through the Guidance Notes before completing this form and complete the form in capital letters using black ink. Please also ensure you complete the checklist before submitting your application

This application form must be fully completed and submitted electronically, together with all required supporting documentation and the appropriate fee, to the Licensing Section using our HMO Licensing online submission form Further information is also available on our website at www.edinburgh.gov.uk

Checklist

PART 1 - This check list must be fully completed in order to submit your application.

Any application submitted without all the required certificates, layout plan and completed checklist will be deemed to be incomplete and will be returned.

Please note that it is the licence holder's responsibility to ensure that a fully completed application for continuation of the existing licence, together with all required certificates, is received before the current licence expires. Failure to do so will result in the application being treated as a new licence application with the relevant fee payable and your property will be unlicensed

Application Type: please tick ✓	CONTINUATION ☐	DURATION: ☐ 1 YEAR ☐ 3 YEAR
	NEW ☑ (1 YEAR)	

Current Licence No* 558064 **Expiry date***: 17/04/2028
*(*required where a current licence already exists):* (*required where a current licence already exists):

Applicants Landlord Registration No *(if applicable)* 1016899/230/22031

I have enclosed the following - please tick ✓ or enter N/A

Completed application form	✓	
Correct application fee	✓	***note*** *application fees are non refundable*
Annual Gas Certificate *(for properties with a gas supply)*	✓	valid to: 19/09/26
Current Electrical Installation Condition Report	✓	valid to: 29/11/28
Annual Emergency Lighting Certificate *(note* 1)	✓	valid to 25/06/27
Annual Portable Appliance Test Certificate (PAT)	✓	valid to: 24/11/26
Annual Fire Appliances Certificate or Current Invoice	✓	valid to: 01/12/26
Current Part 1 Fire Alarm System Certificate *(note 1)*	✓	valid to: 08/07/26
Annual Sprinkler System Inspection Certificate in accordance with BS9251 *(note 1)*		valid to: N/A
Completed Fire Risk Assessment *(note 1)*	✓	valid to: 24/10/26
A4 size copy of the floor plan	✓	*required for all new and any subsequent (renewal) application*

PART 2 – APPLICANT'S DETAILS - *(guidance note 2)*	
Applicant's full name	CASTLE PROPERTIES LTD
Maiden/Previous name	N/A
Date and town of birth	N/A
Applicant's home address (or registered office) including postcode	
Contact telephone numbers	
Contact e-mail address	@REVALTO.CO.UK

If the applicant is a firm, partnership, company or trust please provide Directors'/Partners'/Trustees' details	
Name	
Maiden/Previous name	N/A
Date and town of birth	
Address - including postcode	
Name	
Maiden/Previous name	N/A
Date and town of birth	
Address - including postcode	
Name	N/A
Maiden/Previous name	N/A
Date and town of birth	N/A
Address - including postcode	N/A
(Please provide details of any further directors/partners/trustees on a separate sheet)	

PART 3 – DETAILS OF APPOINTED AGENT - *appointed to take responsibility for managing the property on a day-to-day basis (guidance note 3)*	
Agent's full name **(Include all director/partner/trustee details if not an individual)**	N/A
Name of responsible individual **(If agent is a company/business/trust)**	
Date and town of birth	
Agent's address (including postcode)	
Agent's telephone number	
Agent's e-mail address	N/A

PART 4 – PREVIOUS CONVICTIONS - *(guidance note 4)*

Subject to the Rehabilitation of Offenders Act 1974 if the applicant, the appointed agent or any director/partner of them named in this application has been convicted of any crime or offence in any court in the United Kingdom, please provide details below or answer "None" if applicable.

Date	**Court**	**Offence**	**Sentence**
N/A	N/A	N/A	N/A

PART 5 – PROPERTY DETAILS - *(guidance note 5)*		
5.1	**Property Address (*including postcode*)** **(Please include flat number e.g. 1F2 where appropriate)**	6 Gordon Terrace, Edinburgh, EH16 5QH
5.2	**Date of registration of title**	June 2026
5.3	**Maximum total number of occupants**	60
5.4	**Maximum number of bedrooms**	56
5.5	**24-hour emergency contact number & name**	Manager -
5.6	**Name(s) of joint property owner(s)**	Castle Properties Ltd

PART 6 – APPLICANT'S DECLARATION - *(guidance note 6)*

I/we hereby make application for licence in the above terms and certify that the information given is true and correct.

I/we confirm that that in submitting this application I/we consent to the information supplied by me/us in making this application ("data") being held and processed by the City of Edinburgh Council ("the Council") for its purposes as licensing authority. I/we understand that data will be disclosed to the police and other public bodies involved with licensing processing and enforcement. I/we understand that the Council is required to enter the data on to its HMO Register of Applications which may be inspected by members of the public on request and that certified copies of entries on this register may be issued to members of the public on request and on payment of the appropriate fee. I/we understand that I/we may check or amend data held or request deletion of data by contacting the Council's Licensing Section at the address at the top of this form.

I/we certify that I/we will comply with the requirement to display a notice of application in accordance with paragraph 2 of schedule 4 to the Housing (Scotland) Act 2006 and that I/we have received and read a copy of the Council's standard licence conditions for HMO licences.

Signed _____ **applicant /appointed agent (delete as appropriate)**

Date 26/06/26

PART 7 – CORRESPONDENCE DETAILS - *Please provide full contact details indicating where all correspondence relating to the HMO licence application & inspection process should be sent*	
Correspondence name and address (including postcode)	[redacted]
Telephone number	[redacted]
E-mail address	[redacted]@REVALTO.CO.UK