

LICENSING REF NO: 380437

**ITEM NO**

**6.1.11**

**HMO  
RENEWAL**

APPLICANT DETAILS:	NAME	<b>Ms Beverley Jane Burns</b>
	AGENT	<b>Mr David Ramsay Burns</b>
	LODGING AGENT	<b>Mr David Ramsay Burns</b>
PREMISES ADDRESS		<b>3f1, 15 Montague Street, Edinburgh, EH8 9QT</b>
CONDITIONS APPLIED FOR		<b>Maximum Occupants - 4</b>
24 HOUR CONTACT NUMBER		<b>SATISFACTORY</b>
NOTICE OF APPLICATION		<b>SATISFACTORY</b>
REPRESENTATIONS RECEIVED		<b>Christine Airbright</b>
DETERMINATION DATE		12 March 2019
RENEWAL DATE		31 March 2021
<b>NOTES: Response letter from applicant received</b>		