

LICENSING REF NO: 309414

**ITEM NO**

7.1.(7)

**HMO  
RENEWAL**

APPLICANT DETAILS:	NAME	<b>Ms Clare Marshall</b>
	AGENT	<b>Mr Trevor Mapara</b>
	LODGING AGENT	
PREMISES ADDRESS		<b>1f1, 3 Upper Gilmore Place, Edinburgh, EH3 9NW</b>
CONDITIONS APPLIED FOR		<b>Maximum Occupants - 3</b>
24 HOUR CONTACT NUMBER		<b>SATISFACTORY</b>
NOTICE OF APPLICATION		
REPRESENTATIONS RECEIVED		
DETERMINATION DATE		
RENEWAL DATE		November
<b>NOTES:</b>		