

# APPLICATION FOR BED AND BREAKFAST ESTABLISHMENT LICENCE

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**Initial Application Fee:** \$500.00 NON-REFUNDABLE**Renewal Fee:** \$250.00 NON-REFUNDABLE**Bed and Breakfast Establishment Name:** **Address and Postal Code:** **Number of Rooms:** **Locations of Rooms:** **Applicant's Name:** **Applicant's Address:** **Postal Code:** **Applicant's Telephone Number:** **Applicant's E-Mail:** 

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## BY-LAW 2021-57 REQUIRES THE APPLICANT TO PROVIDE

☐ **Proof of ownership and documentation that the owner uses the premises as its principal residence**☐ **Copy of Driver's License**☐ **Proof of Insurance \$2,000,000.00 in commercial liability**

## As per schedule A to By-Law 2021-57 an Applicant for a Bed and Breakfast Establishment Licence shall submit the following:

a) Confirmation from the Fire Chief dated within the previous sixty (60) days stating the premises are in compliance with the Fire Protection Act, and the policies of the Niagara Falls Fire Department respecting a Bed and Breakfast Establishment;

b) If the premises is on private water supply and/or sewage disposal, a certificate from the Medical Officer of Health dated within sixty (60) days stating that the premises has services adequate for the Bed and Breakfast Establishment; The Medical Officer of Health is no longer responsible for private sewage systems. Private sewage systems are inspected by Private Sewage System Inspectors in the Planning & Development Services department with the Niagara Region.

**APPLICATION FOR BED AND BREAKFAST ESTABLISHMENT LICENCE**

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c) A certificate from the Medical Officer of Health dated within sixty (60) days stating that the premises has been inspected and is in compliance with the Health Protection and Promotion Act, R.S.O. 1990, c.H.7, as amended, and its regulations. Please be advised that Niagara Public Health & Emergency Services does not inspect B&B's unless they have a minimum of five bedrooms (10 boarders.) Boarding houses with less than 10 boarders are exempt from the provisions of the Ontario Food Premises Regulations (O. Reg. 493/17.)

d) A site plan and floor plans outlining the portion of the premises to be used as a Bed and Breakfast Establishment and demonstrating the premises:

i) Conforms with the City's Zoning B-law

ii) Provides a minimum of one (1) parking space for the dwelling and one (1) parking space for each guest room capable of being rented out or as established in the site specific zoning by-law amendment.

e) Certificate from the Electrical Safety Authority dates within the previous 2 years stating the premises are in compliance with the Electrical Safety Code.

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**TYPE OF OWNERSHIP**

- ☐ Sole Proprietorship, go to section 1 (a)
- ☐ Partnership, go to section 1 (b)
- ☐ Corporation, go to section 1 (c)

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**1 (a) SOLE PROPRIETORSHIP**

Sole Proprietorship Name:

Address and Postal Code:

Telephone Number:

E-Mail:

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**1 (b) PARTNERSHIP**

Partnership Name:

Partnership's Mailing Address:

Telephone Number:

E-Mail:

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**BY-LAW 2021-57 REQUIRES THE APPLICANT PROVIDE COPY OF PARTNERSHIP AGREEMENT OR STATUTORY DECLARATION**

**PARTICULARS RE: PARTNERS****Name:****Address:**

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**1 (c) CORPORATION****Corporation Name:****Head Office Address:****Telephone Number:****E-Mail:****PARTICULARS RE: OFFICERS/DIRECTORS/AGENTS OF CORPORATION****Name:****Address:**

**Certified copy of most recent filing with the MINISTRY OF CONSUMER & BUSINESS SERVICES listing all directors and officers and the address of the head office of the corporation.**



**Resolution of the directors of the corporation authorizing application for the licence.**

**By-law 2021-57**

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**DECLARATION**

I, , hereby certify that all information contained on this application form is true and I understand that making a false statement in this application could result in the refusal of the Issuer to issue a licence or result in a suspension or revocation of a licence at a later date.

I agree that the Clerk may make such inquiries and seek and obtain such information or records as the Clerk should see fit as relevant to the processing of the application and whether or not such licence should be granted or issued, including requiring the applicant or one or more representatives of the applicant designated by the Clerk, to be interviewed by such Clerk.

I agree that the City, the Clerk, the Medical Officer of Health, and any person or persons making inquiries on behalf of the City or at its request or by circulation relevant to the processing of the application, shall have the right at any time to inspect the premises for that purpose, and the applicant will cooperate in every way in ensuring that such inspection, and entry on the premises for that purpose, shall be facilitated and completed to the satisfaction of the Clerk.

All particulars with respect to ownership information are complete and there have been no omissions, incomplete information or misleading information.

I certify the above information to be true and complete to the best of my knowledge, information and belief.

**DATE:****SIGNATURE:**

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**IMPORTANT NOTICE FOR NEW APPLICANTS**

Acceptance of a filled out application form by the Clerk does not necessarily constitute a completed application.

A committee of City staff from the Legal, Building, By-Law, Fire, Planning, Finance and Clerk's department will review the application, the submitted plans and other supporting documentation, to determine whether the application is complete.

**A building permit will be required for any proposed new building construction, addition, or significant alteration or renovation to the existing building.**

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**To be filled out by City staff only:**

Application received on:

Application No.:

Licence No.:

Date Issued:

**For office use only:****ZONING APPROVAL**

DATE:

SIGNATURE:

**FIRE DEPARTMENT APPROVAL**

DATE:

SIGNATURE:

**HEALTH DEPARTMENT APPROVAL**

DATE:

SIGNATURE:

**BUILDING DEPARTMENT APPROVAL  
(IF RENOVATIONS OR CONSTRUCTION HAS BEEN DONE)**

DATE:

SIGNATURE:

**FINANCE DEPARTMENT APPROVAL  
(FOR ANY OUTSTANDING PAYMENTS FOR PROPERTY TAXES, WATER, FINES, ETC.)**

DATE:

SIGNATURE: