

APPLICATION FOR VACATION RENTAL UNIT LICENCE

Initial Application Fee: \$500.00 NON-REFUNDABLE **Renewal Fee:** \$250.00 NON-REFUNDABLE

Vacation Rental Unit Name:

Address and Postal Code:

Number of Rooms:

Locations of Rooms:

Number of Stories:

Applicant's Name:

Applicant's Address:

Postal Code:

Applicant's Telephone Number:

Applicant's E-Mail:

**Name/Address/E-mail and Emergency Phone Number
of the responsible person:**

BY-LAW 2021-57 REQUIRES THE APPLICANT TO PROVIDE

☐ **Proof of ownership (must be transfer/deed)**

☐ **Copy of Driver's License**

☐ **Proof of Insurance \$2,000,000.00 in commercial liability, submitted on the city form**

☐ **A copy of the Standard Agreement used for the premises which shall contain the following:**

- i) A notification clause that advises renter of the City's Noise By-law
- ii) The maximum occupancy of the Vacation Rental Units, as provided by the Chief Building Official
- iii) A Renter's Code

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As per schedule A to By-Law 2021-57 an Applicant for a Vacation Rental Unit 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 Vacation Rental Unit;

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 Vacation Rental Unit. 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 and Development Services department with the Niagara Region.

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 VRU'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 Vacation Rental Unit and demonstrating the premises:

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

ii) Provides a minimum of two (2) parking spaces 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.

1. TYPE OF OWNERSHIP

☐ **Sole Proprietorship, go to section 1 (a)**

☐ **Partnership, go to section 1 (b)**

☐ **Corporation, go to section 1 (c)**

1 (a) SOLE PROPRIETORSHIP

Sole Proprietorship Name:

Address and Postal Code:

Telephone Number:

E-Mail:

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1 (b) PARTNERSHIPPartnership Name: Partnership's Mailing Address: Telephone Number: E-Mail: **BY-LAW 2021-57 REQUIRES THE APPLICANT PROVIDE COPY OF PARTNERSHIP AGREEMENT OR
STATUTORY DECLARATION****PARTICULARS RE: PARTNERS**Name: Address:

1 (c) CORPORATIONCorporation 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.

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: **MUNICIPAL ENFORCEMENT DEPARTMENT APPROVAL
(NO OUTSTANDING ORDERS OR COMPLAINTS)**DATE: SIGNATURE: