

**SHORT-TERM RENTAL ACCOMODATION BUSINESS LICENSE APPLICATION**

*Please note application must be completed in full to be processed.*

**SECTION 1 – BUSINESS INFORMATION**

Application Date:	Licence Number:	<small>OFFICE USE ONLY</small>	
	Account Number:		
This application is for a:	<input type="checkbox"/> New Business	<input type="checkbox"/> Change of Location	
Business Start Date:			
Form of ownership:	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit Society
Business Incorporated or Registered?	<input type="checkbox"/> No	<i>If yes, a copy of the <b>Certificate of Incorporation</b> or <b>Statement of Registration</b> for the Business is required</i>	
Business Name:			
Business Address:			
Business Phone:	Email:		
Number of bedrooms to be rented:	<input type="checkbox"/> One	<input type="checkbox"/> Two	
Number of dwelling units on property (including secondary suites and accessory dwelling units):	<input type="checkbox"/> One	<input type="checkbox"/> Two	<input type="checkbox"/> Three
Number of employees (including owner) living and working in the residence:			
Is there more than one accessory home business at this address:	<input type="checkbox"/> Yes (specify)		
	<input type="checkbox"/> No		
<b>Licensee Information (Primary Contact):</b>			
Name:			Position:
Mailing Address:			
Phone:			Email:
Emergency Contact Name:			Emergency Contact Phone:

**SECTION 2 – DWELLING UNIT INFORMATION**

Total floor area of premise:	Off-street parking stalls allocated to business:
Attached drawings or floor plan of the property indicating:	<input type="checkbox"/> Bedroom(s) to be rented
	<input type="checkbox"/> Off-street parking spaces (minimum 5.5m x 2.7m unobstructed)
	<input type="checkbox"/> If in a decommissioned secondary suite, proof of decommissioning

## SECTION 3 – APPLICANT STATEMENT

*I/We the undersigned confirm as the business owner(s)/agent for the owner(s) that the above noted information is correct and agree to comply with all relevant provisions of the Business Bylaw No. 3725, Zoning Bylaw No. 3630 and other applicable City of Port Coquitlam Bylaws. It is also understood that the business owner(s) is/are responsible for the overall management of the business including staff while representing the owner(s)' business. Further, failure to meet these obligations may result in the business licence being suspended or reported to City Council for possible revocation.*

*I/We confirm that the business address is the principal residence of the business owner. Principal residence means the dwelling unit in which an individual resides for a minimum of 183 days in a calendar year.*

*I/We confirm that the bedroom(s) to be rented for short-term rental accommodations does not contain cooking facilities.*

**Business Owner/Director #1 (person, corporation or society):**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Business Owner/Director #2 (person, corporation or society):**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT: This application will not be processed without the application fee. Please contact the Business Licensing Division for applicable fees.**

All information gathered for business licensing purposes is managed in accordance with *the Freedom of Information and Protection of Privacy Act*. Business Licences are public records and are available for inspection on request at the City Hall Annex. The City also makes business licence information available in various publications on the City website and/or in hard copy format. If you do not wish your business information to be made available in any additional publications, a request in writing to decline publication must be received by the Business Licensing office.