

LONG TERM RENTAL PROPERTY APPLICATION

DATE:					
BUSIN	HESS LOCATION:(include buildin	 ng #, street name(unit #), cit	y, and postal code)		
MAILI	NG ADDRESS:		,		
	only if differer	nt from business address)			.55
	OF BUSINESS: e select (√) the type of renta	l property and indicate	e the # of rental units be	elow.	
(√)		# of dwelling units	# of swimming pools	# of housekeeping units	# of sleeping units
	Apartment House				
	Apartment House Strata			4	
	Bed & Breakfast				
	Duplex				
	Laneway House				
	Multiple Dwelling				
	Non-Profit Housing Society #				
	One Family Dwelling				
	Pre -1956 Dwelling				
	Residential/Commercial				
	Secondary Suite				
repre		INFORMATION: Please	submit <u>ONE</u> form of pho	erate as Short Term Rental* oto identification with your of photo identification is requ	application.
	PROPERTY OWNER(S)	INFORMATION: Please business licence, a Let	submit <u>ONE</u> form of pho	oto identification with your	application.
	PROPERTY OWNER(S) esentative is applying for the	INFORMATION: Please business licence, a Let	submit <u>ONE</u> form of pho tter of authorization and	oto identification with your of photo identification is requ	application. ired for the represent
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	PROPERTY OWNER(S) esentative is applying for the First & Last Nam	INFORMATION: Please business licence, a <u>Let</u>	e submit <u>ONE</u> form of photeter of authorization and Business Phone #:	oto identification with your of photo identification is requ	application. ired for the represent Cellular:
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