

Short-Term Rental (STR) Application**A. Type of Short-Term Rental**

- New
- Renewal

Type of Dwelling Unit

- Single Detached
- Semi-Detached
- Townhouse
- Licensed Second Suite
- Renting out entire unit
- Renting out individual Guest Rooms

Number of Guest Rooms

Note: The maximum limit of overnight Guests in a STR shall be two (2) Persons per Guest Room, up to a maximum of ten (10) overnight Guests. If the STR is rented by the Guest Room, no more than two (2) rooms with a maximum of two (2) Persons in each Guest Room will be rented simultaneously.

Application Requirements

The following original documents must be included with this application

- Proof that applicant is at least eighteen (18) years of age
- Proof that applicant is a citizen of Canada, a landed immigrant or in possession of a valid employment authorization issued by the Government of Canada
- Certificate of general liability insurance (\$2,000,000)
- Sketch of floor plans identifying all rooms and common areas with dimensions, and location of smoke alarms, carbon monoxide alarms, and fire extinguishers.
- Site plan of the property showing site dimensions with the location of all buildings, structures and parking.
- Fee per Town's Fees & Charges By-law
- Consent of the owner of the property (if an applicant is a tenant)

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B. Applicant Information	
Applicant Name	
Address	Unit Number
City/Town	Province
Postal Code	
Phone Number	
E-mail	
C. Property Owner (If different than applicant)	
Property Owner Name	
Address	Unit Number
City/Town	Province
Postal Code	
Phone Number	
E-mail	
D. Responsible Person (if different than applicant)	
Name	
Phone Number	
Email	
<i>A Responsible Person is the person assigned by the Owner of a Short-Term Rental to ensure the premises are operated in accordance with the provisions of By-law 2022-032-LI</i>	

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E. Property Management Company (If applicable)	
Business Name	
Address	Unit Number
City/Town	Province
Phone Number	
E-mail	
Contact Name	
F. Sworn Declaration of Applicant	
<p>I, _____ confirm that that by signing this application, the Owner/Applicant agrees that all information provided is true, and that any false information may result in the suspension and/or revocation of any licence that may be issued.</p>	
_____ Date	_____ Signature of Applicant
<p>This application may contain personal information as defined under the <i>Municipal Freedom of Information and Protection of Privacy Act</i>. The information collected is required pursuant to the terms of the <i>Municipal Act</i> and will be used by the Town of Whitchurch-Stouffville to process the application, and to determine whether to issue a licence. Information will also be used for administration of such licence, and for law enforcement purposes to ensure compliance with all applicable statutes, regulations and by-laws.</p>	
OFFICE USE ONLY	
Date:	
Approved By:	
Date Received:	
Licence Number:	
Inspection by Fire Department Date (Approved Checklist in File)	