

**COMPLETE THIS FORM IF YOU ARE APPLYING FOR A LICENCE FOR ANY OF THE FOLLOWING RENTAL PROPERTIES:**

Short-term rental of Principal Residence, Long-Term Non-Owner-Occupied Rental, Room Rental/Community Care/Assisted Living or retirement facility, Hotel/Motel, Multi-Unit Rental or Commercial/Industrial Rental. Application fees will be calculated as per Schedule A of the Business Licencing & Regulation Bylaw.

☐ **NEW APPLICATION**☐ **CHANGE OF OWNER**☐ **NON-PROFIT SOCIETY #** _____☐ **CHANGE OF BUSINESS NAME**

New Business Name _____

SECTION A - BUSINESS INFORMATION**NOTE: BUSINESS CONTACT AND LICENCE INFORMATION IS PUBLICLY AVAILABLE INFORMATION AND MAY BE DISCLOSED**

BUSINESS NAME		
PROPOSED START DATE OF BUSINESS		
BUSINESS OWNER NAME OR BUSINESS NUMBER	LAST	FIRST
ADDRESS OF RENTAL PROPERTY	ADDRESS	
MAILING ADDRESS (IF DIFFERENT THAN ABOVE)	ADDRESS	
	CITY	POSTAL CODE
BUSINESS CONTACT INFORMATION	CELL	WORK
	EMAIL	
	WEBSITE	

Would you like your Business to be included in our online Business Licence Directory? ☐ **YES** ☐ **NO**

The Directory is published to mapleridge.ca on a regular basis and includes the business name, address & phone number.

EMERGENCY CONTACT FOR FIRE/RCMP USE ONLY INFORMATION WILL NOT BE PROVIDED TO THE PUBLIC****CAN BE THE BUSINESS OWNER** Person must be able to respond within 30 minutes of being contacted**

NAME

ADDRESS

PHONE NUMBER

SECTION B - TYPE OF RENTAL PROPERTY (SELECT ONLY 1 OPTION)

☐ **OPTION 1**
SHORT-TERM RENTAL OF PRINCIPAL RESIDENCE

Refer to both Zoning Bylaw and Business Licence & Regulation Bylaw for specific regulations.

Please complete Appendix form 'Short-Term Rental Application Appendix' and submit with this completed application.

☐ **OPTION 2**
LONG-TERM NON-OWNER-OCCUPIED RENTAL

You do not live at the residential property.

(Note: One application per civic address.)

Select only 1

Whole house rental ☐

Whole house + detached garden suite ☐

Main floor + secondary suite ☐

Main floor + secondary suite + detached garden suite ☐

☐ **OPTION 3**
ROOM RENTAL / COMMUNITY CARE / ASSISTED LIVING FACILITY / RETIREMENT FACILITY

_____ # of Rental Units

_____ # of residents in care

☐ **OPTION 4**
HOTEL / MOTEL

_____ # of Rental Units

Pool/ Hot tub ☐ YES ☐ NO

Restaurant ☐ YES ☐ NO

_____ # of Seats

Will you be serving Alcohol? ☐ YES ☐ NO

☐ **OPTION 5**
MULTI-UNIT RENTAL

Townhouse/Apartment.

_____ # of Rental Units

☐ **OPTION 6**
COMMERCIAL / INDUSTRIAL RENTAL

_____ # of Rental Units

SECTION C - ADDITIONAL INFORMATION

WILL YOU BE DOING ANY CHANGES AND/OR RENOVATIONS?

☐ YES (PERMITS MAY BE REQUIRED) ☐ NO

WILL YOU BE INSTALLING OR CHANGING ANY SIGNAGE?

☐ YES (PERMITS MAY BE REQUIRED) ☐ NO

IF YES, PLEASE DESCRIBE:

I/we the undersigned make application for a business licence in accordance with the information given and declare the statements are true and correct. I/we understand that a business cannot operate without first obtaining a valid business licence and payment of the application fee does not guarantee the issuance of a licence. I/we undertake, if granted the licence applied for, to comply with each and every obligation contained in bylaws now in force or which may hereafter come into force in the City of Maple Ridge.

FORM COMPLETED BY: _____ SIGNATURE: _____

POSITION IN BUSINESS: _____ DATE: _____

Personal information entered on this form is collected under the authority of section 26(c) of the Freedom of Information and Protection of Privacy Act (FOIPPA) for the purposes of processing your rental property business licence application. If you have any questions or concerns about how your information will be used, contact the FOI Office by calling 604-466-4300 ext. 5557 or by emailing FOI@MapleRidge.ca

BUSINESS NAME: _____**BUSINESS ADDRESS:** _____

SHORT-TERM RENTAL is a Residential Use providing overnight accommodation for no longer than thirty (30) consecutive days per annum in a Dwelling Unit or Sleeping Unit. This use does not include Tourist Accommodation or campgrounds.

Must be within a single detached house, secondary suite, detached garden suite (DGS), duplex, triplex or fourplex, subject to conditions in the Zoning Bylaw. (Defined by the Zoning Bylaw definition and regulations as amended from time to time)

1. Are you the Registered Owner of the property? ☐ YES ☐ NO

2. Is the property your principal residence? ☐ YES ☐ NO

3. Is the property parcel more than 371m²? ☐ YES ☐ NO

4. Is the Property within the Agricultural Land Reserve? ☐ YES ☐ NO

5. Is the property within a Registered Strata? ☐ YES ☐ NO

If YES, please provide a signed Strata approval for a Short-Term Rental.

6. Is the Short-Term Rental located within a Secondary Suite or Detached Garden Suite ☐ YES ☐ NO

If YES, is the Secondary Suite or Detached Garden Suite Registered? ☐ YES ☐ NO

7. Are you offering the entire dwelling as a Short-Term Rental (max 6 guests)? ☐ YES ☐ NO

If NO, how many bedrooms are available for the Rental (max 3 bedrooms)? _____

If NO, will each bedroom be offered as separate listings? ☐ YES ☐ NO

**Parking requirements are per listing

8. Can you provide adequate parking for guests as per the Off-Street Parking Bylaw? ☐ YES ☐ NO

**1 off-street parking space per Short-Term listing is required. See Sample

9. Have you obtained \$1million Liability Insurance (proof required for application)? ☐ YES ☐ NO

10. Have you completed the Life Safety Checklist (required for application)? ☐ YES ☐ NO

PERSONAL INFORMATION ENTERED ON THIS FORM IS COLLECTED UNDER THE AUTHORITY OF SECTION 26(c) OF THE FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FOIPPA) FOR THE PURPOSES OF PROCESSING YOUR RENTAL PROPERTY BUSINESS LICENCE APPLICATION. IF YOU HAVE ANY QUESTIONS OR CONCERNS ABOUT HOW YOUR INFORMATION WILL BE USED, CONTACT THE FOI OFFICE BY CALLING 604-466-4300 EXT. 5557 OR BY EMAILING FOI@MAPLERIDGE.CA

PRINT FIRST NAME

PRINT LAST NAME

SIGNATURE

DATE