

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.

<input type="checkbox"/> NEW APPLICATION	<input type="checkbox"/> CHANGE OF OWNER	<input type="checkbox"/> NON-PROFIT SOCIETY # _____
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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