

Business Licensing Branch 1435 Water Street Kelowna, BC V1Y 1J4 250-469-8617 kelowna.ca

Short-Term Rental Accommodation

Business Licence Application

Application **must** be completed in full. You can email your completed application and supporting documentation to <u>shorttermrentalapplication@kelowna.ca</u>, or mail it to the above address or fax it to 250-862-3314. For information, or assistance completing this form, please contact the Business Licensing Department at 250-469-8617 or by email at <u>businesslicences@kelowna.ca</u>.

All related documentation and information is available online at kelowna.ca/business.

1. Owner Operator / Tenant Information:		
Name:		
Name.		
Mailing Address:		
Email: Phone Number:		
Business Operating Name (if applicable):		
Please attach documents of Incorporation and Notice of Articles if you are using a company name (photo copies accepted)		
2. Short-Term Rental Address:		
Address Postal Code		
Address: Postal Code:		
Unit Number (if applicable):		
3. Property Zoning (confirm zoning of your address)		
Zone:		
4. Is this your principal residence? (Residential address and specific unit where you live and use for bills, identification, taxes, and insurance.)		
Yes		
No		
If 'Yes', please attach two items verifying principal residence to confirm this declaration (Proof of principal residence must include a scanned copy of government issued photo identification. Examples of acceptable proof of residence include a recent utility bill, drivers licence or any mail from Medical Services Plan or Canada Revenue Agency.)		
5. Do you own this residence? (Please include ownership confirmation documentation, BC Assessment, Homeowner Grant, or statement of title).		
Own		
Rent		
6. If you rent the above address, do you have the permission from the legal owner to operate a short-term rental?		
Yes		
No		
If 'Yes', please attach your signed Owner Consent Form to confirm this declaration		

Yes		
Yes		
No There is no strata council for this	residence	
If 'Yes', please attach your signed Strata Council Consent Form to confirm this declaration		
8. Have you previously held a Busin	ess Licence for a vacation accommodation or	B & B at this address?
Yes		
No		
	icable):	
primary contact for this short-term	t available, who will serve as the designate rental? (A person who, at all times 24hr/7 days to make decisions in relation to the premises ar	that the short-term rental is operated, has
access to the premises and aothority	to make decisions in relation to the premises ar	in the remainagreement.)
Name:	Email:	
Address:		
Phone Number:		
(The above Responsible Person has co	onsented to the use of his/her contact informat	ion)
·	ou are applying to use. (You must have require	
10. marcate now many bear comb ye	to are applying to obe. (100 most have require	a parking for approval).
1 Bedroom	2 Bedrooms (Muti-family max.)	Bedrooms (Single-family or duplex max.)
11. Please include your signed Short	Term Rental Accommodation <u>self-assessme</u>	nt checklist and attestation form.
12. Please include your parking plan		
12. I lease ilicioue your parking plan		
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13. Please include your signed Short	Term Rental Accommodation <u>Good Neighbo</u>	our Agreement.
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