

# Short-Term Rental

## Business Licence Application Form



### APPLICATION REQUIREMENTS:

- Application must be completed in full. You can email your completed application and supporting documentation – except Principal Residency documents - to [businesslicence@squamish.ca](mailto:businesslicence@squamish.ca), or drop it off in person at Municipal Hall, 37955 Second Ave, Squamish.
- All related documentation and information are available online at [squamish.ca/short-term-rentals](http://squamish.ca/short-term-rentals).
- Please direct any questions or assistance required with this application to 604-815-5014 or [businesslicence@squamish.ca](mailto:businesslicence@squamish.ca).

### SHORT-TERM RENTAL INFORMATION:

Civic Address: \_\_\_\_\_

### OWNER/TENANT OPERATOR DETAILS:

**\*Note that an STR operator cannot be a corporation, society, company, or any other incorporated entity**

Full Name: \_\_\_\_\_

Mailing Address & City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### SHORT-TERM RENTAL UNIT TYPE AND SHORT DESCRIPTION:

#### Licence Duration:

Monthly; Months Requested: \_\_\_\_\_

Annual

#### STR Type (please check only one):

Shared/Private Room: Please indicate # of bedrooms: \_\_\_\_\_

Entire Dwelling Unit: Please indicate # of bedrooms: \_\_\_\_\_

#### Dwelling Type (please check only one):

Single Unit Dwelling

Townhouse Unit

Apartment Unit

Secondary Suite (subject to Temporary Use Permit only)\*

ADU (Carriage or Coach House) (subject to Temporary Use Permit only)\*

\*Reference Squamish STR Interim Temporary Use Policy conditions @ [squamish.ca/short-term-rentals](http://squamish.ca/short-term-rentals)

Description of Unit:

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**NOTE: If you require more space for your description, please attach additional pages to your application.**

**Please complete the following questions:**

1. **Is this your Principal Residence?**    Yes    No
2. **Do you own this residence?**    Own    Rent *(Please include property title)*
3. **If you rent, do you have the permission from the legal owner to operate a short-term rental?**  
Yes    No    Not Applicable

If 'Yes', please attach the signed **Owner Consent Form** to confirm this declaration.

4. **Do your strata bylaws allow short-term rentals?**    Yes    No

If 'Yes', please attached the signed **Strata Consent Form** to confirm this declaration.

5. **Please provide the number of off-street parking spaces provided for the short-term rental unit.**

# of spaces \_\_\_\_\_

**When the Owner / Tenant is not available, who will serve as the designated Emergency Contact for this short-term rental?** (A person who, at all times (24hr/7days) that the short-term rental is operated, has access to the premises within 3 hours and has authority to make decisions in relation to the premises and the rental agreement AND does NOT own or live on the premises)

Name: \_\_\_\_\_

Civic Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**The Emergency Contact has consented to the use of their contact information: Initial here \_\_\_\_\_**

**Have you included the following required documentation?**

- Short-Term Rental Accommodation Self-Evaluation Safety Audit Form
- Parking Plan
- Fire Safety Plan

Proof of Principle Residency -

*\*Principal Residence is defined as the dwelling unit where an individual lives for a minimum of five months in a calendar year and conducts their daily affairs, including paying bills and receiving mail, and is the dwelling unit with the residential address used on documentation related to billing, identification, taxation and insurance purposes.*

**Please bring in-person 3 items verifying principal residence to confirm this declaration** (Proof of principal residence must include a copy of government issued photo identification (Driver's Licence). Additional proof of residence includes 2 Government issued pieces of mail like a recent District of Squamish Utility or Property Tax Bill or any mail from Medical Services Plan, Canada Revenue Agency or ICBC.

**Applications will not be accepted and processed unless all required documentation is attached.**

Completion of this application does **not** guarantee approval of the application. Approved licences will be issued **only** upon receipt of associated documentation and receipt of payment of the Short-Term Rental Business Licence Fee. Operating a Short-Term Rental without a valid licence is an **offence** for which penalties are prescribed.

**Important:** Operator has read and agrees to comply with the stated regulations and bylaws of the District of Squamish. Licences are non-transferable and the licence fee paid is non-refundable. Short-Term Rental Business Licences **must** be renewed at the start of each year.

**I understand I cannot commence business until such time as a Short-Term Rental Business Licence has been approved and issued.**

I have attached to this form all required documents, plus all required fees, and hereby agree to submit further information deemed necessary for processing this Application.

Operator's Name (individual completing form): \_\_\_\_\_

Operator's Signature: \_\_\_\_\_ Date: DD / MM / YYYY

Personal information collected through this form is only collected for the purpose of evaluating a Short-Term Rental application as per the *Short-Term Rental Bylaw No. 2695 and 2696 and Business Licence Bylaw No. 2455*. The collection, use, and disclosure of personal information collected from this form is subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. The information collected will be retained and disposed of according to the *District of Squamish Records Management Bylaw No. 2622, 2019*, and the *District of Squamish Records Classification and Retention Schedule*. If you have any questions, please contact the Information and Privacy Supervisor at 604-815-4943.

OFFICE USE ONLY:			
ZONING:		CLERK 4 AUTHORISED:	
NAICS CODE:			
BUILDING:		COMMENTS/CONDITIONS OF LICENCE:	
FIRE:			
VCH:		APPROVED BY BUILDING INSPECTOR:	
WATER:			
ELECTRICAL:		DATE APPROVED:	
PARKING:		BUSINESS LICENCE NUMBER:	