

OFFICE USE ONLY

AMANDA NO. \_\_\_\_\_ AMOUNT PAID \$ \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_

INSURANCE RECEIVED  Yes  No Reason if no \_\_\_\_\_



**CITY OF STRATFORD**  
**RENEWAL APPLICATION TO LICENCE AN ACCESSORY**  
**GUEST ROOM, GUEST HOME, OR BED & BREAKFAST**  
Renewal Applications Received After Jan. 31 subject to \$51 Late Filing Fee

PLEASE COMPLETE THE ENTIRE FORM:

Name of Owner: _____		
Address: _____		
Postal Code: _____	Phone: _____	Fax: _____
Email: _____		

1. Business name of Accessory Guest Room/Guest Home/Bed & Breakfast  
\_\_\_\_\_

2. Please include proof of separate liability insurance coverage for the Guest Home or Bed & Breakfast in the amount of a minimum of \$ 2,000,000.00.

3. List of motor vehicles used and/or stored by permanent residents

License plate numbers

Colour/Make/and Model

<u>License plate numbers</u>	<u>Colour/Make/and Model</u>
_____	_____
_____	_____
_____	_____

4. (a) Does the owner reside in the dwelling as their principal residence?

Yes  No

(b) If not, name of person resident in dwelling \_\_\_\_\_

5. Does the owner reside in the dwelling during the time the guestrooms are rented?

Yes  No

6. Number of guest rooms proposed for 2011 : \_\_\_\_\_

7. Are there any changes from the previous floor plans submitted?  Yes  No

8. Are there any changes from the previous site plan submitted?  Yes  No  
(if you answered yes to questions 7 or 8 the revised plans must be attached).

9. (a) Do you have a swimming pool on the property?  Yes  No

(b) Is the pool available for guest use?  Yes  No

10. (PLEASE PRINT)

I \_\_\_\_\_ of the City of Stratford

in the County of Perth

acknowledge that the information that I have provided in this application is true and accurate and that the information provided in the documents that accompany this application in respect of the above Sections is true and accurate.

Applicant signature \_\_\_\_\_

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DEPARTMENT APPROVAL	REVIEWED	COMPLETED	APPROVED
ZONING			
BUILDING PERMITS OUTSTANDING <input type="checkbox"/> YES <input type="checkbox"/> NO			
FIRE DEPARTMENT	SENT	RETURNED	
HEALTH DEPARTMENT			

**NOTICE OF COLLECTION**

Personal information on this form is collected under the authority of the Municipal Act. All names, addresses, and documents will be included in material available to the public in accordance with the provisions of the Municipal Freedom of Information and Protection Of Privacy Act (MFIPPA). Questions regarding this collection and its release under the act should be directed to the City Clerk, 1 Wellington Street, P.O. Box 818, Stratford ON N5A 6W1, telephone 519-271-0250 ext. 235 during business hours.