



CHANGE OF OWNERSHIP RESIDENTIAL RENTAL LICENSING APPLICATION



An application must be filed for each individual Rental Property

RENTAL PROPERTY INFORMATION

| | | |
|--|----------------------------|---|
| Municipal Address of Rental Property | Original Owner(s) Name(s): | Original License No. |
| Type of Rental Unit | | |
| Single Detached <input type="checkbox"/> | No. of bedrooms _____ | Triplex <input type="checkbox"/> |
| Semi-Detached <input type="checkbox"/> | _____ | Fourplex <input type="checkbox"/> |
| Duplex <input type="checkbox"/> | _____ | Townhouse <input type="checkbox"/> |
| Rent by bedroom <input type="checkbox"/> | <input type="checkbox"/> | Rent entire unit <input type="checkbox"/> |

PROPERTY OWNER INFORMATION:

(If applicable, additional Owners must request and complete a form provided by the By-law Enforcement Division and submit the completed form with this application.)

| | | | |
|---|---|-------------------|---|
| Owner's name and surname (or Corporation's name) – Printed | Business Operating Name (if applicable) - Printed | | |
| Owner's full mailing address (street name and number, city, province and postal code) | | | |
| Business telephone number and extension | Fax number | Cell phone number | <u>Valid Email Address Required:</u> |

| | | | |
|---|---|-------------------|---------------|
| Owner's name and surname (or Corporation's name) – Printed | Business Operating Name (if applicable) - Printed | | |
| Owner's full mailing address (street name and number, city, province and postal code) | | | |
| Business telephone number and extension | Fax number | Cell phone number | Email address |

PROPERTY MANAGER'S INFORMATION - if applicable

| | | | |
|--|---|-------------------|---------------|
| Property Manager's Name and surname – Printed | Business Operating Name (if applicable) - Printed | | |
| Property Manager's full mailing address (street name and number, city, province and postal code) | | | |
| Business telephone number and extension | Fax number | Cell phone number | Email address |

Required Documents

The following documents must be attached to this Change of Ownership Application. **All costs incurred for obtaining any of the required documents will be the sole responsibility of the Applicant.**

- Copy of Proof of Ownership (i.e. current Parcel Register (PIN sheet) or Deed)
- Copy of Rental Property Insurance (\$2,000,000.00)

If owned by a Corporation, **one** of the following documents:

- Articles of Incorporation
- Corporate Profile Report

The City of Thorold reserves the right to require a full application if significant changes to Property have occurred, and/or if the Checklist and/or Plan(s) submitted are deemed substantial.

DECLARATION

I / We, _____ the undersigned, declare/affirm as follows, that:
print name of registered owner

a) I / We hereby declare that no changes have been made to the following:

- Self-certification checklist (Checklist on-line)
- Floor plan(s) (example on-line)
- Site sketch (example on-line)
- Maintenance plan (template on-line)

which were submitted with the original application, if the checklist or any or all plans have been changed, an updated checklist and/or plan(s) are attached;

(Download Material available on www.thorold.ca/residential-rental-licensing)

- b) The statements herein contained in the Change of Ownership Application and attached documents are true;
- c) The statements herein contained in the Change of Ownership Application and attached documents are made with a full knowledge of the circumstances connect with the same; and
- d) I / We have read the declaration and notice contained below.

The issuance of the license is not intended and shall not be construed as permission or consent by The Corporation of the City of Thorold for the holder of the license to contravene or fail to observe or comply with any federal, provincial or municipal legislation.

Signature of Registered Owner(s)
I have the authority to bind the Corporation

Signature of Registered Owner(s)

**** Please be advised that in the event that the License for this Property is re-issued by the Director, the License shall only be valid for the period of time for which it was originally issued. ****

CHANGE OF OWNERSHIP AUTHORIZATION

If ALL Owner(s) of the Property cannot be present when the application is submitted, ALL of the Owner(s) must complete Sections 2 and 3, to authorize an Agent to make this application on their behalf.

1. CONSENT OF THE OWNER TO THE USE AND DISCLOSURE OF PERSONAL INFORMATION

I/We, _____, am/are the owner(s) of the land that is the subject of this application and I/we authorize and consent to the use by or the disclosure to any person or public body of any personal information that is collected under the Municipal Freedom of Information and Protection of Privacy Act for the purposes of processing this application.

Date

Signature of Owner

Date

Signature of Owner

2. CONSENT OF OWNER FOR AGENT TO MAKE THE APPLICATION

I / We, _____, am/are the owner(s) of the land that is subject of this application and I / we authorize _____ to make this application on my /our behalf.

Date

Signature of Owner

Date

Signature of Owner

3. CONSENT OF OWNER FOR AGENT TO PROVIDE PERSONAL INFORMATION

I / We, _____, am / are the owner (s) of the land that is the subject of this application and for the purpose of the Municipal Freedom of Information and Protection of Privacy Act;

I/We authorize _____ as my/our agent for this application, to provide any of my /our personal information that will be included in this application or collected during the processing of the application.

Date

Signature of Owner

Date

Signature of Owner

4. CONSENT OF THE AGENT TO THE USE AND DISCLOSURE OF PERSONAL INFORMATION

I / We, _____, am / are the agent(s) of the land that is the subject of this application and I / we authorize and consent to the use by or the disclosure to any person or public body of any personal information that is collected under the Municipal Freedom of Information and Protection of Privacy Act for the purposes of processing this application.

Date

Signature of Agent

Personal information on this form is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act and will be used for the purpose of determining eligibility for licensing. Questions about this collection of personal information should be directed to the City Clerk, City of Thorold, 3540 Schmon Parkway, PO Box 1044, Thorold ON (905) 227-6613, ext. 270 or clerk@thorold.ca.