



RESIDENTIAL RENTAL LICENCING APPLICATION

An application must be filed for each individual Rental Property.

RENTAL PROPERTY INFORMATION

Municipal Address of Rental Property			
Type of Rental Unit			
	No. of bedrooms		
Single Detached	<input type="checkbox"/> _____	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"/> _____	Rent entire unit	<input type="checkbox"/> _____

PROPERTY OWNER INFORMATION:

(If there are more than two owners, please submit an additional completed page 1)

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

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

PLEASE PROVIDE THE FOLLOWING INFORMATION:

1. How many tenants reside in, or will be residing in, the building? _____
2. Will you be living in the building with the tenants? Yes No

REQUIRED DOCUMENTS

The following documents must be attached to this application before an application will be accepted. 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), Deed, tax bill)
- Copy of Rental Property's Insurance (\$2,000,000.00)

One of the following:

- Electrical Safety Authority General Inspection Report

The Applicant must contact the Electrical Safety Authority directly at www.esasafe.com or 1-877-372-7233 in order to make arrangements for the required Electrical Safety Authority "general" inspection. All costs incurred will be the sole responsibility of the Applicant.

- Letter from a Licensed Electrician stating that the property conforms to the Electrical Safety Code

The following (Download Material available on www.thorold.com/residential-rental-licensing):

- Copy of Completed Self-Certification Checklist (checklist on-line)
- Site Sketch (depicting building, parking with dimensions, and garbage/recycling facilities (example on-line)
- Floor Plan (example on-line)
- Maintenance Plan (template on-line)

Note: All material must receive approval from the City of Thorold before the required site inspections are completed.

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

- Articles of Incorporation
- Corporate Profile Report

- **PLEASE BE ADVISED THAT SITE INSPECTIONS ARE A REQUIREMENT OF THIS APPLICATION.**
- **THESE INSPECTIONS WILL BE CONDUCTED BY THE CITY OF THOROLD'S BY-LAW ENFORCEMENT DIVISION AND/OR FIRE DEPARTMENT WHEN REQUIRED.**
- **ONCE YOUR APPLICATION HAS BEEN REVIEWED, YOU WILL BE CONTACTED BY THE BY-LAW ENFORCEMENT DIVISION TO SCHEDULE AN APPOINTMENT FOR THE REQUIRED SITE INSPECTION.**
- **THE OWNER OR PROPERTY MANAGER MUST BE IN ATTENDANCE FOR ALL INSPECTIONS.**

DECLARATION

I, _____, the undersigned, declare or affirm as follows, that:
print name of registered owner or authorized agent

- a) the statements herein contained in the said application and attached documents are true;
- b) the statements herein contained in the said application and attached documents are made with a full knowledge of the circumstances connected with the same; and
- c) I have read the declaration and notice contained below.

The undersigned agrees that the issuance of a license will be subject to approvals from such municipal or provincial authorities or agencies as the Issuer of Licenses deems necessary. 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.

Owner of Property

Authorized Agent

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

Signature of Authorized Agent

Signature of Authorized Agent

****The Owner or Authorized Agent must be present during the scheduled inspection. If the Owner or Agent is not present at time of inspection the inspection will not commence and the Owner will be charged a re-inspection fee.****

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

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, 3540 Schmon Parkway, PO Box 1044, Thorold ON (905) 227-6613, ext. 270 or clerk@thorold.ca.