



The Corporation of the
City of Thorold

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3540 Schmon Parkway
Thorold, ON L2V 4A7

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APPLICATION FOR LICENCE TO OPERATE A BED and BREAKFAST ESTABLISHMENT

NEW LICENCE

RENEWAL

TRANSFER

(PLEASE PRINT)

NAME OF BED & BREAKFAST ESTABLISHMENT: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

EMAIL: _____

NAME OF APPLICANT(S): _____

CONTACT INFORMATION IF DIFFERENT FROM ABOVE: _____

PROPERTY OWNED OR LEASED BY THE APPLICANT? _____ OWNED _____ LEASED

NUMBER OF FULL-TIME OCCUPANTS: _____

NUMBER OF GUEST ROOMS _____ NUMBER OF GUEST BATHROOMS _____

IS THERE A SWIMMING POOL ON THE PROPERTY? _____ FOR GUEST USE? _____

NUMBER OF GUEST PARKING SPACES _____

I have read and understand the By-law pertaining to the licensing and regulation of Bed and Breakfast Establishments and I hereby declare that all of the information submitted with this application is true. By signing this application I give my permission for the necessary inspections to be carried out under the applicable By-laws. I agree to call the inspection offices listed on page two of this Application to set up my own inspection appointments.

Furthermore, I acknowledge it is my responsibility to immediately notify the City of Thorold, in writing, of any change in the information provided during the application process, the licence period, renewal or transfer of a licence and to ensure compliance with the City of Thorold Bed and Breakfast Establishment By-law.

Signature of Applicant

Date

APPLICANT MUST ATTACH THE FOLLOWING (renewals must attach the following as well):

1. Site plan drawn to scale showing:
 - a) location of house on the subject property complete with setbacks indicated from all property lines;
 - b) location and dimension of parking area and required parking spaces;
 - c) driveway access to required parking spaces; and
 - d) location and dimensions of outdoor amenity area;
2. Floor plan drawn to scale to identify:
 - all rooms within the building, including the guest rooms that will be rented,
 - the Service Provider's living quarters and all other rooms labeled as to usage, noting that only a Room (as defined in By-law No. 164-2011) is eligible to be designated as a guest room.
3. Proof of separate liability insurance coverage for Bed and Breakfast Establishment in the minimum amount of \$2,000,000 for the period covered by the licence;

4. If the subject property is leased, a signed statement from the property owner permitting the property to be licensed (form attached).

All new applicants and applications requesting an increase in the number of guest rooms must supply scaled drawings.

PLEASE SUBMIT YOUR LICENCE APPLICATION, ALL APPLICABLE FEES AND REQUIRED ATTACHMENTS TO THE CLERK'S DEPARTMENT.
 (We require 4 to 6 weeks to process applications.)

Inspections are required for all applications.

Following the submission of your Licence Application please telephone the services below to arrange inspection appointments:

Building Division	905-227-6613 ext. 244
Fire Services Prevention Officer	905-227-6613 ext. 262
Niagara Region Public Health	905-688-3762

FEES

Application Fee.....	\$100.00 per establishment
Renewal Fee.....	\$100.00 per establishment
Late Renewal Fee (after January 31 st).....	\$50.00 plus Renewal Fee
Transfer Fee (change of applicant).....	\$25.00

Appeal Fee (to appeal decision of the Clerk)..... \$250.00

Inspection Fee – Fire Dept. \$200.00 plus HST

Inspection Fee - Building Dept..... \$75.00

FEES ARE PAYABLE IN CASH, BY DEBIT OR CHEQUE PAYABLE TO THE CORPORATION OF THE CITY OF THOROLD.

FOR OFFICE USE ONLY

AUTHORITY	DATE APPROVED
Fire Prevention Officer	
Building and By-law Division	
Planning Division (permitted zoning)	
Niagara Regional Public Health	
Finance Department (water and tax accounts must be current)	

COMMENTS _____

FEES AND DATE PAID _____

DATE OF ISSUE _____

LICENCE NO. _____

ISSUER _____