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BUSINESS LICENCE APPLICATION Agri-tourism Accommodation Use (Mandatory Information)

I/we hereby apply for:

New Business Change of Location Change of Owner Change of Business Name Change of Business Information

Application Date: _____ Start Date (New Business): _____

OPERATOR INFORMATION

1. Business operator

Do you reside on the farm pr0perty? Yes No

Are you the property owner? Yes No (Letter of Agency required)

Name: _____

Mailing Address: _____

Telephone: _____ Cell: _____

Email: _____

Initial to receive invoices and business licence by email _____

AGRI-TOURISM INFORMATION

2. Agri-tourism accommodation business name and property information

Business Name: _____

Street Address: _____

Lot size (Ha): _____



BUSINESS LICENCE APPLICATION
Agri-tourism Accommodation Use (Mandatory Information Continued)

3. Is property classified as a farm under the *Assessment Act*? Yes No
4. Are you renovating or altering the premises? Yes No
5. Do you propose to install business signage on the building or property? Yes (permit required) No
6. Is there another business operating on the same property? Yes (list below) No
-

7. How many agri-tourism sleeping units are you applying for? _____

Maximum number of agri-tourism sleeping units per ha	
Lot size	Agri-tourism sleeping units
Less than 0.8 hectares	0
0.8 – 1.9 hectares	1
2.0 – 3.9 hectares	4
4.0 – 5.9 hectares	5
6.0 hectares or greater	6

8. Select the form of each agri-tourism sleeping unit and provide the size of each unit

Agri-tourism sleeping unit	Cabin or other structure	Campsite	RV Campsite	Size (Metres)
Unit 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Unit 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Unit 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Unit 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Unit 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Unit 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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9. Required plans (*include dimensions*)

site plan including the following information:

Location of:

- sleeping units*
- signs
- washroom facility
- potable water supply system
- wastewater sewerage system
- parking areas including driveway**
- existing buildings and structures
- non-commercial cooking spaces
- watercourses or environmental features
- utility connections
- property lines
- buffer

Other features:

- address and property size
- setbacks***
- north arrow and adjacent roads
- site coverage calculations****
- note land dedications, registered easements, encroachments and right-of-way

floor plan (if applicable) including room names (e.g., bedroom, bathroom, and communal areas)

***Maximum sleeping unit size**

- **35 square metres** for a cabin or other structure (including washroom facilities within the agri-tourism sleeping unit)
- **100 square metres** for an agri-tourism campsite or an agri-tourism RV campsite

****Parking Regulations**

- One (1) space per agri-tourism sleeping unit.
- Parking space minimum dimensions:
 - Length = 5.8 metres
 - Width = 2.7 metres
 - Height = 2.1 metres

*****Setbacks**

- Minimum setback from all interior and rear lot lines for:
 - Cabin or other structure 3 metres
 - Agri-tourism campsite or agri-tourism RV campsite 10 metres
- Maximum setback from all lot lines 60 metres
- Must comply with District of Kent's *Floodplain Bylaw*

******Site Coverage**

- Agri-tourism use maximum site coverage:
Less than 5% of lot (includes all buildings, campsites, communal spaces, landscaped areas, parking, and new access roads, etc.)
- Counts towards the permitted site coverage for farm-related commercial and farm-related industrial uses:
 - Lots greater than 4 ha: 5%
 - Lots equal to or less than 4 ha: 0.2 ha



BUSINESS LICENCE APPLICATION
Agri-tourism Accommodation Use (Mandatory Information Continued)

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

Completion of this application does **not** guarantee approval of application. Approved licences will be issued only upon receipt of payment of the Agri-tourism Accommodation Use Business Licence fee and receipt of associated documentation. Operating an Agri-tourism accommodation without a valid licence is an **offence** for which penalties are prescribed in the *Bylaw Notice Enforcement Bylaw No. 1332, 2006*.

Important: Operator has read and agrees to comply with the stated regulations and bylaws of the District of Kent, specifically including pertinent sections of the Zoning Bylaw (No. 1219) and the Business Licencing and Regulation Bylaw (No. 1485). Licences are effective from January 1st to December 31st of the Licence year are non-transferable.

I understand I cannot commence business until such time as an Agri-tourism Accommodation Use Business Licence has been approved and issued.

Print Name: _____ Signature: _____

Note: Personal information included on this form is collected solely for the purposes authorized by the Community Charter and is subject to disclosure in accordance with the Freedom of Information and Protection of Privacy Act. If you have any questions about this collection, please contact the Director of Corporate Services at (604) 796-2235.

(This Section for Office Use Only)

CUSTOMER #: _____

LICENCE #: _____ ROLL #: _____ ADMIN FEE: _____ RECEIPT #: _____

LICENCE FEE CODE: _____ LICENCE FEE AMOUNT: _____

LICENCE FEE CODE: _____ LICENCE FEE AMOUNT: _____

AUTHORIZED BY: _____ DATE: _____

Director of Development Services



BUSINESS LICENCE APPLICATION
(Internal Checklist)

The following is for Office Use Only

BYLAW ENFORCEMENT Approved Signature: _____ Date: _____

Active File: Yes: No:

Concerns: _____

BUILDING DEPARTMENT Approved Signature: _____ Date: _____

Permit No.: _____

Existing Building: _____ New Building: _____

Concerns: _____

FIRE DEPARTMENT Approved Signature: _____ Date: _____

Fire Inspection Required: Yes: No:

Concerns: _____

PLANNING DEPARTMENT Approved Signature: _____ Date: _____

Zoning: _____ Parking: _____

Permitted Use: _____ Customer Type: _____

Concerns: _____

APPROVALS REQUIRED BY OTHER AGENCIES

Ministry of Health: Yes: No: Approved _____ Date: _____

Liquor Control and Licensing Board: Yes: No: Approved _____ Date: _____

RCMP: Yes: No: Approved _____ Date: _____

Other: _____ Yes: No: Approved _____ Date: _____

COPY OF APPLICATION TO UTILITIES DEPARTMENT? (Tick Box When Done) or N/A

Rate Codes			
240	Agri-Tourism Accommodation	245	Agri-tourism RV Campsite(s) only