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## BUSINESS LICENCE APPLICATION Short-term Rental (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 AND RESPONSIBLE PERSON INFORMATION

1. **Business operator** Owner operated Yes  No

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Initial to receive invoices and business licence by email: \_\_\_\_\_

Operator's Business Name (if applicable): \_\_\_\_\_  Not Applicable  
*(Please attach documents of Incorporation and Notice of Articles if you are using a company name. Photo copies accepted.)*

### 2. **Responsible person**

Who is designated as the responsible person for operating this short-term rental? *(The person must be the primary contact, available 24hr/7 days that the short-term rental is operated, have access to the premises and the authority to make decisions in relation to the premises and the rental agreement.)*

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

(The above responsible person has consented to the use of his/her contact information.)



**BUSINESS LICENCE APPLICATION**  
**Short-term Rental (Mandatory Information Continued)**

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**SHORT-TERM RENTAL INFORMATION**

**3. Location and type of short-term rental**

Short-term Rental Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_

Type of Short-term Commercial Accommodation:

Guest Unit (owner or operator is on site during lodging period).

Principal Residence (owner or operator may or may not be on site during lodging period).

**4. Please attach two items verifying this is your principal residence.**

*One of these items must include a scanned copy of government issued photo identification, for example:*

- Driver's licence
- BC ID

*The second item providing proof of residence could be any one of the following:*

- ICBC vehicle registration
- Top portion of a bank statement showing address (blank out account info, amounts, transactions)
- Mail from Medical Services Plan or Canada Revenue Agency

**5. Do you own or rent this residence?** (Please include ownership confirmation documentation, BC Assessment, Homeowner Grant, or statement of title or rental agreement as applicable)

Own

Rent

**6. If you rent at the above address, do you have the permission from the legal owner to operate a short-term rental?**

Yes (please attach your signed **Owner Consent Form** to confirm this declaration)

No (business licence cannot be issued without the owner's consent)

**7. How many bedrooms are you applying to use as rentals?** \_\_\_\_\_

**8. Are you renovating or altering the premise?**  Yes  No

**9. Is there another business operating on the same property?**  Yes (list below)  No

\_\_\_\_\_

**10. Do you propose to install business signage on the building or property?**  Yes (permit required)  No



**BUSINESS LICENCE APPLICATION**  
**Short-term Rental (Mandatory Information Continued)**

**11. Required plans** *(Please include dimensions)*

- parking plan** including the following information:
  - address and property size
  - parking areas including driveway
  - existing buildings and structures
  - property lines, north arrow and road
  
- floor plan** including the following information:
  - rental room(s)
  - shared rental space(s)
  - location of contact information

**Parking Regulations (Zoning Bylaw Part 7.17)**

- One (1) space per guest unit to a maximum of 4 spaces
- Parking space minimum dimensions:
  - Length = 5.8 metres
  - Width = 2.7 metres
  - Height = 2.1 metres

**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 Short-term Rental Business Licence fee and receipt of associated documentation. Operating a Short-term Rental 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 1<sup>st</sup> to December 31<sup>st</sup> of the Licence year are non-transferable. **I understand I cannot commence business until such time as a Short-term Rental 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 #: \_\_\_\_\_ RECEIPT #: \_\_\_\_\_

LICENCE FEE CODE: \_\_\_\_\_ LICENCE FEE AMOUNT: \_\_\_\_\_

LICENCE FEE CODE: \_\_\_\_\_ LICENCE FEE AMOUNT: \_\_\_\_\_

AUTHORIZED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

Director of Financial 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			
220	Guest Unit (base fee)	225	Principal Residence
221	Guest Unit (additional units)		