


SCHEDULE "E" - SHORT-TERM RENTAL LICENCE – Application Form

 <p>LAKE OF BAYS • MUSKOKA •</p>		<p align="center">SHORT-TERM RENTAL LICENCE APPLICATION</p> <p align="center">1012 Dwight Beach Road, Dwight, ON, P0A 1H0 Phone: 1-705-635-2272, Website: www.LakeofBays.on.ca</p>			
<p>PLEASE NOTE: Applicant portion MUST be completed in full and accompanied by full payment of required Fees. STR Licence class is defined in the By-law, with each class having a specific septic system requirement. For assistance with this form, contact the Township by email or phone or call to make an appointment.</p>					
<p>RELEASE OF INFORMATION: As per subsection 3.9 of the By-law 2021-092, STR Licence information including civic address, Responsible Person, contact information and licence details will be posted on the Township's website.</p>					
TO BE COMPLETED BY APPLICANT					
<p>Check the box below that applies to you, as the APPLICANT. If NOT the Owner, provide signed authorization form that supports your application on behalf of the Owner of the STR PREMISES listed on application form.</p>					
<input type="checkbox"/> Owner	<input type="checkbox"/> Manager	<input type="checkbox"/> Operator	<input type="checkbox"/> Tenant	<input type="checkbox"/> Agent	<input type="checkbox"/> Other (specify)
<p>Check the box below that applies to this application. If Renewal or Update, provide proof of previous Licence.</p>					
<input type="checkbox"/> NEW	<input type="checkbox"/> RENEWAL	<input type="checkbox"/> UPDATE	Proof of previous Licence attached? Y / N		
STR – PREMISES - CIVIC ADDRESS					
Street # and name	PO Box RR/Apt	City	Prov / State	Country	Postal / Zip Code
WATERFRONT PROPERTY			ORIGINAL SHORE ROAD ALLOWANCE (OSRA)		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Open	<input type="checkbox"/> Closed	<input type="checkbox"/> N/A	
ACCESS TO STR PREMISES (must check one)					
<input type="checkbox"/> Year-round maintained public road	<input type="checkbox"/> Seasonally maintained public road	<input type="checkbox"/> Private road OR Right-of-way	<input type="checkbox"/> Water access		
STR – OWNER / APPLICANT – MAILING ADDRESS					
Street # and name	PO Box RR/Apt	City	Prov / State	Country	Postal / Zip Code
Premises Owner(s) name		Phone #	Email if available		
Applicant name (if NOT the Owner)		Phone #	Email if available		

Emergency / By-law contact name	24-hour Phone #	Email if available	
INSURANCE INFORMATION (attached)	Company	Insured Amount	
STR – PREMISES – SPECIFICATIONS and LICENCE CLASS			
# of STRs owned by the same Owner/Applicant	# of nights to be rented per year	# of parking spaces	Minimum # of consecutive nights of stay
# of occupants per STR Premises	SITE PLAN ATTACHED	STR Licence Class	STR Licence Class Fee
	Y or N	A / B / C	
<p>I/We do declare that all the information submitted in this document is true and understand that it may take a minimum of thirty (30) days for this application to be processed.</p> <p>I/We have read and understand the STR licencing by-law, STR Premises requirements, the Owner/Licencee Acknowledgement form and consent to the Township posting the licence details on the Township website.</p> <p>I/We understand that submitting false and/or misleading information in this application will void the application and may lead to further enforcement measures.</p> <p>I/We further give permission for those Persons listed in the STR Licencing By-law to enter onto a Premises or enter the residence for purposes as defined in the by-law.</p>			
_____ Signature of Premises Owner or Applicant		_____ Date	
_____ Signature of Premises Owner or Applicant		_____ Date	
SEPTIC SYSTEM DETAILS (additional information required to be attached to application for certain STR class)			
PARKING PLAN DETAILS			
WASTE STORAGE DETAILS			