



Short-Term Rental Licence Application

New or Renewal

Under By-law 115-2022

**Corporate Services
Licensing Division**

350 City Hall Square W, Suite 110

Windsor, Ontario N9A 6S1

(519) 255-6200, Option 1 | licences@citywindsor.ca

PROPOSED SHORT-TERM RENTAL PROPERTY IDENTIFICATION

Section 1

Street Number	Street Name	Unit Number	Postal Code
<input type="radio"/> New Licence <input type="radio"/> Licence Renewal		Previous Licence #	MAT #

APPLICANT INFORMATION (property resident seeking licence)

Section 2

Primary Applicant (must reside at the address listed above)

First (Given) Name		Last (Family) Name	
Phone Number	Email Address	Date of Birth	

Applicant Type: ☐ **Property Owner** ☐ **Tenant** ☐ **The address listed in Section 1 is my principal residence.**

Joint Applicant #1 (if applicable)

First (Given) Name		Last (Family) Name	
Street Number	Street Name	Unit Number	
City	Province	Postal Code	Date of Birth
Phone Number	Email Address	Signature	

Joint Applicant #2 (if applicable)

First (Given) Name		Last (Family) Name	
Street Number	Street Name	Unit Number	
City	Province	Postal Code	Date of Birth
Phone Number	Email Address	Signature	

Joint Applicant #3 (if applicable)

First (Given) Name		Last (Family) Name	
Street Number	Street Name	Unit Number	
City	Province	Postal Code	Date of Birth
Phone Number	Email Address	Signature	

PROPERTY OWNER INFORMATION (if different from the Primary Applicant)

Section 3

First (Given) Name		Last (Family) Name	
Business Name (if applicable)		Email address	
Street Number	Street Name	Unit Number	
City	Province	Postal Code	Phone Number



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24 HOUR CONTACT INFORMATION

Section 4

Operator Contact #1

First (Given) Name		Last (Family) Name	
Street Number	Street Name		Unit Number
City	Province	Postal Code	Date of Birth
Business Name (if applicable)		Primary Phone Number	Alternate Phone Number

Operator Contact #2

First (Given) Name		Last (Family) Name	
Street Number	Street Name		Unit Number
City	Province	Postal Code	Date of Birth
Business Name (if applicable)		Primary Phone Number	Alternate Phone Number

Operator Contact #3

First (Given) Name		Last (Family) Name	
Street Number	Street Name		Unit Number
City	Province	Postal Code	Date of Birth
Business Name (if applicable)		Primary Phone Number	Alternate Phone Number

PROPOSED SHORT-TERM RENTAL PROPERTY INFORMATION

Section 5

Building Information

Dwelling Type (please select one): <input type="radio"/> Single Unit (house) <input type="radio"/> Semi-detached (side-by-side) <input type="radio"/> Duplex (one unit above the other with no connection between units) <input type="radio"/> Townhome (row of three or more dwellings) <input type="radio"/> Multiple Unit (building containing at least three units that is not listed above)	Is this an Additional Dwelling Unit (ADU)? <input type="radio"/> No <input type="radio"/> Yes Is your unit in a condominium building? <input type="radio"/> No <input type="radio"/> Yes
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How many bedrooms does the unit contain in total?

How many bedrooms are located in a basement?

Rental Information (select all that apply)

Which brokerage platform(s) do you intend to use to market your short-term rental unit?

☐ **Airbnb** ☐ **VRBO** ☐ **Bookings.com** ☐ **Other** (please specify): _____

What type of rental do you intend to offer?

- ☐ **Private room(s)** (with or without shared common spaces)
☐ **Private suite(s)** (bedroom plus other rooms)
☐ **The entire dwelling unit**

Which amenities will be included when offering a private room?

- ☐ **Private bathroom**
☐ **Private kitchen or kitchenette**
☐ **Fuel-burning appliance or fireplace** (gas, propane, oil, wood)



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DECLARATIONS AND ADMINISTRATION

Section 6

The following documents must be provided for all applicants:

- | | |
|---|---|
| <input type="checkbox"/> Proof of Canadian permanent residency | <i>Two (2) pieces of government-issued identification including one Photo ID as well as one demonstrating proof of Status in Canada (e.g. birth certificate, Canadian passport, Canadian citizenship card, work permit, etc.)</i> |
| <input type="checkbox"/> Valid Photo Identification | |
| <input type="checkbox"/> Proof of insurance | <i>Valid home liability insurance in an amount no less than \$2,000,000</i> |
| <input type="checkbox"/> Criminal Record Check | <i>Must be submitted within thirty (30) days of issuance.</i> |
| <input type="checkbox"/> Proof of Principal Residence | <i>E.g. Driver's licence</i> |

For applications where the Primary Applicant is the Registered Property Owner:

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Proof of property ownership | <i>E.g. Property Title or Deed</i> |
|---|------------------------------------|

For applications where the Primary Applicant is not the Registered Property Owner:

- | | |
|---|---|
| <input type="checkbox"/> Proof of tenancy | <i>E.g. Lease Agreement</i> |
| <input type="checkbox"/> Notarized letter of permission from the Registered Property Owner | <i>Must include explicit permission to operate a short-term rental in the unit.</i> |

For applications where the Dwelling Unit is located in a condominium:

- | | |
|---|---|
| <input type="checkbox"/> Notarized letter of permission from Condominium Corporation | <i>Must include explicit permission to operate a short-term rental in the unit.</i> |
|---|---|

For Department Distribution Only:

- | | |
|---|--|
| <input type="checkbox"/> Zoning Confirmation | <i>Zoning confirmation received from Planning & Development Services</i> |
|---|--|

Licensing Fees

Please return this application with your payment to the Licensing Division at 350 City Hall Square West, Suite 110. The licence renewal deadline is November 30th annually. A 50% late penalty is added to the licence fee on December 1st. The applicant could face further penalties or fines for operating without a valid Short-Term Rental Licence.

- | | | |
|---|--|---|
| <input type="checkbox"/> New Licence (\$301) | <input type="checkbox"/> New Licence after August 1 (\$161) | <input type="checkbox"/> Licence Renewal (\$239) |
|---|--|---|

Declarations

I confirm and attest that:

- | |
|---|
| <input type="checkbox"/> Smoke alarms are installed on all levels of the dwelling, outside all sleeping areas, between the sleeping areas and the remainder of the unit, and are maintained in operating condition in accordance with the manufacturer's instructions. |
| <input type="checkbox"/> If the dwelling has a fuel burning appliance, fireplace, or is connected to a garage, carbon monoxide alarms are installed adjacent to each sleeping area and maintained in operating condition in accordance with the manufacturer's instructions. |
| <input type="checkbox"/> All bedrooms in the dwelling unit are part of the original construction or lawfully constructed under the authorization of a building permit. |
| <input type="checkbox"/> The dwelling unit described in Section 1 is located in an area that permits residential uses and is otherwise in compliance with all applicable law, including the requirements of the <i>Building Code Act, 1992</i> , S.O. 199, c. 23 and the <i>Fire Protection and Prevention Act, 1997</i> , S.O. 1997, c. 4. |
| <input type="checkbox"/> The information contained in this application and other attached documentation is true, accurate and complete. |

NOTICE REGARDING COLLECTION OF PERSONAL INFORMATION

Personal information collected on this form and any appendices attached is requested under the authority of the *Municipal Act, City of Windsor Act*, and *City of Windsor Licensing By-law 395-2004*. This information is required in order to process, issue, monitor, regulate and investigate the various licenses issued by the Licence Commissioner. The name and business address of the licensee is public information. Any other personal information collected will only be used for investigative purposes. Questions regarding this collection can be made to 350 City Hall Square W. Suite 110, Windsor, ON N9A 6S1, 519-255-6200.

DATE (MM/DD/YYYY)

APPLICANT SIGNATURE