

CORPORATION OF THE MUNICIPALITY OF GREENSTONE

301 East Street, P.O. Box 70, Geraldton, Ontario P0T 1M0
Tel. 807-854-1100 Fax 807-854-1947

APPLICATION FOR A BED AND BREAKFAST ESTABLISHMENT LICENCE

Application Fee is **\$100.00.**

Applicant: _____

Address: _____

_____ Postal Code: _____

Telephone No. _____ Fax No. _____

A. BUILDING AND ZONING INFORMATION

- a) Type of dwelling: Single Detached
Other (specify) _____
- b) Address of dwelling: Same as above Other (specify) _____
- c) Number of guest suites proposed _____
- d) What is the zoning of the property? _____
- e) Total floor area of the dwelling _____
- f) Total floor area to be occupied by the Bed and Breakfast Establishment _____
- g) To your knowledge is there any other Bed and Breakfast Establishments fronting on the same street within 100m of your property? NO YES If YES, specify: _____
- h) Will there be any external alterations to the dwelling which will change the character of the dwelling unit as a private residence?
NO YES If YES, specify: _____
- i) Will there be any exterior signage provided on the property?
NO YES If YES, specify: _____

B. OWNERSHIP

Do you own the dwelling in which the Bed and Breakfast Establishment will be operated?

NO YES

Is this your principal residence?

NO YES

An inspection of the property to determine compliance with the Bed and Breakfast By-law may be undertaken at any time.

Signature of Applicant: _____

Date: _____

➤ Application fee received	YES <input type="checkbox"/>	NO <input type="checkbox"/>
➤ Suitable plan received	YES <input type="checkbox"/>	NO <input type="checkbox"/>
➤ Proof of separate liability insurance coverage received	YES <input type="checkbox"/>	NO <input type="checkbox"/>
➤ Floor plan received	YES <input type="checkbox"/>	NO <input type="checkbox"/>
➤ List of motor vehicles received	YES <input type="checkbox"/>	NO <input type="checkbox"/>
➤ Compliance with By-law	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Application Approved: _____ Application Denied: _____

Date: _____ Conditions (if any): _____

(Attach additional sheet if necessary)