



SHORT TERM ACCOMODATION (STA) LICENSE APPLICATION CHECKLIST
ALL STA APPLICANTS MUST COMPLETE THE PRESCRIBED REVIEW PROCESS (INCLUDING
RENEWALS AND LEGAL NON-CONFORMING USES)

<input type="checkbox"/> PRE-SCREENING MEETING (Prior to Submission of STA Application)
<ol style="list-style-type: none">1. Submit a completed "Request for STA Pre-Screening Meeting" to Planning Services.2. A meeting will be scheduled within 10 days.3. Basic information regarding the proposed Short Term Accommodation use must be provided (including the zoning of the property, a concept site plan, property address, number of bedrooms, expected occupant load, number/location of parking spaces, etc.).4. Following the meeting, the applicant will receive confirmation From Planning & By-law Services of the necessary steps required to obtain an STA license. Any required approvals will be identified, including application requirements, associated fees, and additional supporting information that may be necessary.
<input type="checkbox"/> ZONING
<ol style="list-style-type: none">1. Current Zoning: _____2. Does the STA use comply with the zone provisions of the By-law? <input type="checkbox"/> YES <input type="checkbox"/> NO3. Required Amendment(s): _____
<input type="checkbox"/> SITE PLAN
<ol style="list-style-type: none">1. Is a copy of the existing Site Plan Agreement attached? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> No Agreement Exists2. Does the STA use comply with existing Site Plan Agreement(s)? <input type="checkbox"/> YES <input type="checkbox"/> NO3. Required Approvals: _____
<input type="checkbox"/> STA LICENCE APPLICATION FORM
<ul style="list-style-type: none">▫ Complete the "Application for a Short Term Accommodation (STA) Licence)" (<i>Form BL801</i>)
<input type="checkbox"/> FLOOR PLAN
<p><i>Floor Plans</i> of the STA Premise <u>drawn to scale</u> depicting the:</p> <ul style="list-style-type: none">▫ Proposed use of each room & Dimensions▫ Proposed occupant of sleeping areas▫ Location of all smoke alarms▫ Location of all fire extinguishers▫ Location of all exits▫ Locations of all windows (Dimensions are required)



SUPPORTING DOCUMENTATION:

- A Copy of the Transfer/Deed proving evidence of ownership
- A Copy of the Liability Insurance of not less than \$2 million per occurrence for property damage and bodily injury
- Property Management Plan (non-condo units only)
- Certificate from the Electrical Safety Authority (ESA) that the premise conforms to the Ontario Electrical Code
- Renters Code
- Fire Safety Plan
- Responsible Person Consent form
- If applicable, supporting evidence for the determination as to whether the property satisfies the requirements of Section 34(9) (b) of the Planning Act (legal non-conforming)

REQUIRED FEES & CHARGES

- STA Licence Fee: \$2,500.00 (2 yr. Term)
- STA Licence Fee (Condos): \$1,500.00 (2 yr. Term)
- Renewal Fee: \$750.00 (2 yr. Term)
- Fire and Property Standards inspection fee: \$75.00
- Site Plan Approval: applicable fees may apply
- Licensing Committee Appeal Fee: \$500.00

Incomplete STA License applications will delay processing time. Where an application is determined NOT to satisfy the requirements of the STA Licensing By-law (2013-50), the Municipal Licensing Officer, Enforcement Services may refuse the application/licence.



**REQUEST FOR SHORT TERM ACCOMODATION (STA)
 PRE-SCREENING MEETING**

To arrange a pre-screening meeting to determine the necessary steps and planning approvals required to obtain a short term accommodation license, please complete this form and return same to Enforcement Services at planning@thebluemountains.ca. In accordance with Town Policy, a pre-screening meeting will be arranged within 10 business days on a first come, first serve basis. Confirmation of the scheduled meeting date will be provided by way of e-mail communication only to the applicant.

DATE:	
MUNICIPAL ADDRESS OF PROPOSED STA:	
LEGAL DESCRIPTION:	
OWNER/APPLICANT'S NAME: (Include Owner's information as well, if not the applicant)	
SITE PLAN ATTACHED:	YES NO
OWNER/APPLICANT'S ADDRESS:	
OWNER/APPLICANT'S EMAIL ADDRESS:	
OWNER/APPLICANT'S TELEPHONE NO.:	
ZONING OF SUBJECT LANDS:	
NUMBER OF PROPOSED BEDROOMS:	
EXPECTED OCCUPANT LOAD:	
NUMBER OF ON-SITE PARKING SPACES:	
PROPOSAL TYPE:	SHORT TERM ACCOMODATION BED AND BREAKFAST COMMERCIAL RESORT UNIT
ADDITIONAL INFORMATION: (Attach Addendum if necessary)	