



Planning and Economic Development Licensing and By-Law Services
330 Wentworth Street North
Hamilton, Ontario L8L 5W3
www.hamilton.ca
Phone: (905) 546-2782 Option 3
Email: licensing@hamilton.ca
HST# 88932 3218 RT0001

BUSINESS LICENCE APPLICATION

FOR OFFICE USE ONLY

LICENCE NUMBER	
RECEIPT NUMBER	LICENCE FEE
PAYMENT TYPE	APPLICATION DATE
PAYER	RECEIVED BY

Required Information

Note: Required documents vary based on licence type. Please refer to **Business Reference Guide** for specific requirements
Additional Information may be required to process the application. Failure to submit information or complete departmental requirements can delay the processing of the application. **Operating a business without a licence may result in fines or penalties.**

<input type="checkbox"/> Corporate Profile or Master Business Licence	<input type="checkbox"/> Certificate of Insurance (vehicle or commercial)	<input type="checkbox"/> Police Clearance Certificate (less than 36 days old)	<input type="checkbox"/> Driving Abstract (less than 36 days old)
<input type="checkbox"/> Zoning Verification Certificate	<input type="checkbox"/> Scaled Plot Plan	<input type="checkbox"/> Vehicle Ownership	<input type="checkbox"/> Trade Questionnaire
<input type="checkbox"/> Certificate of Compliance	<input type="checkbox"/> Litter Control Plan	<input type="checkbox"/> Food Premise Questionnaire	<input type="checkbox"/> TSSA Inspection Certificate
<input type="checkbox"/> Government Issued Photo ID	<input type="checkbox"/> Premise Plan	<input type="checkbox"/> Safety Standard Certificate	<input type="checkbox"/> Detailed Site Plan

A Business is not permitted to open until all requirements have been met and the licence is issued

PLEASE PRINT CLEARLY

Licence Type:	<input type="checkbox"/> New Business	<input type="checkbox"/> Change of Ownership
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If New Business - anticipated opening date:

Establishment Name (Operating As): _____

Street Address of Establishment:	Unit No:	Ward:
City:	Postal Code:	Existing Municipal Business Licence Number (if applicable):

OWNER:

Last Name:	First Name:
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Registered Corporation Name/Number: _____

Address:

City:	Province:	Postal Code:
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Phone Number:	Alternate Number:
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Email Address:	Date of Birth (DD-MMM-YY):
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Partner Name (Last) (if Partnership):	Partner First Name:
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Address:

City:	Province:	Postal Code:
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Phone Number:	Alternate Number:
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Email Address:	Date of Birth (DD-MMM-YY):
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APPLICANT/LICENCE HOLDER: (If different than Owner)

Last Name:	First Name:
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Address:

City:	Province:	Postal Code:
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Phone Number:	Alternate Number:
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Email Address:	Date of Birth (DD-MMM-YY):
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Establishment Licences		Mobile Licences	
<input type="checkbox"/> Adult Services Entertainment Establishment (Owner)		<input type="checkbox"/> Adult Services Entertainment Establishment Attendant	
<input type="checkbox"/> Adult Entertainment Theatre		<input type="checkbox"/> Adult Services Entertainment Establishment Operator/Manager	
<input type="checkbox"/> Adult Video Class A B (please circle)		<input type="checkbox"/> Auctioneer	
<input type="checkbox"/> Antique Markets and Flea Markets		<input type="checkbox"/> Body Rub ParlourAttendant	
<input type="checkbox"/> Bed and Breakfast		<input type="checkbox"/> Body Rub Parlour Operator/Manager	
<input type="checkbox"/> Body Rub Parlour (Owner)		<input type="checkbox"/> Food Service Vehicles Class	
<input type="checkbox"/> Food Premises (Questionnaire to be completed)		<input type="checkbox"/> Food Service Vehicles - 4 Day Special Event Licence	
<input type="checkbox"/> Hotels and Motels		<input type="checkbox"/> Limousine Driver	<input type="checkbox"/> Limousine Owner
<input type="checkbox"/> Kennels and Pet Shops		<input type="checkbox"/> Mobile Sign Leasing or Renting	
<input type="checkbox"/> Lodging House No. of Rooms: _____		<input type="checkbox"/> Pedlar	
<input type="checkbox"/> Pawnbroker		<input type="checkbox"/> Personal Transportation Provider	
<input type="checkbox"/> Payday Loan Business		<input type="checkbox"/> Seasonal Produce Vendor (45 day licence)	
<input type="checkbox"/> Personal Aesthetic Services		<input type="checkbox"/> Short Term Rental Broker	
<input type="checkbox"/> Personal Wellness Service		<input type="checkbox"/> Taxi Cab Broker	
<input type="checkbox"/> Place of Amusement		<input type="checkbox"/> Taxi Cab Owner (Plate)	
<input type="checkbox"/> Precious Metals & Jewellery Dealer		<input type="checkbox"/> Taxi Cab Driver	<input type="checkbox"/> 90 day Probationary Taxi Cab Driver
<input type="checkbox"/> Public Garage Type		<input type="checkbox"/> Transient Trader	
<input type="checkbox"/> Public Hall		<input type="checkbox"/> Tree Cutter Service Company	
<input type="checkbox"/> Residential Care Facility No. of Residents _____			
<input type="checkbox"/> Rental Housing		Trade Licences (Questionnaire to be completed)	
No. Of Units _____ No. of Bedrooms _____		<input type="checkbox"/> Building Repair	<input type="checkbox"/> Contractor <input type="checkbox"/> Master
<input type="checkbox"/> Salvage Yard		<input type="checkbox"/> Drain Repair	<input type="checkbox"/> Contractor <input type="checkbox"/> Master
<input type="checkbox"/> Second Hand Shop		<input type="checkbox"/> HVAC	<input type="checkbox"/> Contractor <input type="checkbox"/> Master
<input type="checkbox"/> Short Term Rental Operator		<input type="checkbox"/> Plumbing	<input type="checkbox"/> Contractor <input type="checkbox"/> Master
<input type="checkbox"/> Tobacco - E-Cigarette Retailers	<input type="checkbox"/> Specialty Vape Store	<input type="checkbox"/> Sprinkler & Fire Protection Installer	<input type="checkbox"/> Contractor <input type="checkbox"/> Master
<p>I, (please print name) _____ acknowledge it is my responsibility to notify the City of Hamilton in writing immediately of any changes in the information provided, during the course of this application, the period of a license and upon any renewal of a license and to ensure compliance with all City of Hamilton Licensing By-law 07-170, pertaining to this application.</p> <p>The applicant acknowledges that the information provided is accurate and complete and acknowledges that the licence will not be issued if the anticipated business does not comply with the permitted Zoning uses for the business location.</p>			
_____ Signature of Applicant		_____ Date of Submission	
Submission of this application does not constitute approval by the City of Hamilton and its Departments			
<p>Application will not be accepted unless all required documents are submitted at time of application. Business licence applications that have not been issued due to the applicants failure to:</p> <ol style="list-style-type: none"> 1. Actively comply with licence requirements; 2. Secure required inspections; 3. Obtains required Certifications; 4. Contact various agencies and secure inspection dates for required documents within 90 days will be deemed closed. 			
<p>Notice of Collection: The City of Hamilton collects Personal Information as defined by the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c.M.56, as amended, under authority of sections 151 and 227 of the Municipal Act, 2001; S.O. 2001, c. 25, as amended, and the City of Hamilton Consolidated By-Law No. 07-170. Personal Information collected on this form will be used to issue, monitor, and regulate licensing, and perform record searches. As permitted or required by law, Personal Information may be shared with Public Health, Hamilton Fire, Building, Zoning or other applicable internal departments for comment or action as it relates to licensing or compliance with laws and bylaws, including external Provincial or Federal Government branches as requested. Personal Information will be de-identified and aggregated for program planning, and for statistical and reporting purposes. By providing your email address, you are consenting to receiving emails from the City of Hamilton and/or their agents/contractors for circulation of information related to the business community, business licensing or the location of the business. Questions about the collection of this personal information can be directed to Tiffany Gardner, Licensing & Bylaw Services, 330 Wentworth St N, 905-546-2424, Tiffany.Gardner@hamilton.ca. Business Identifying Information: As mandated by section 2(2.1) and (2.2) of the Municipal Freedom of Information and Protection of Privacy Act, the business information collected on this application form will be maintained as a business record. Information associated with an individual in a professional, business, or official capacity is not personal information. Business information may be publicly available. Providing false or incomplete information could result in the refusal of this application. Risks of Using Electronic Communication Notice: The City of Hamilton will use reasonable means to protect the security and confidentiality of information sent and received using electronic communication. However, due to risks such as accidental disclosure or interception by parties not intended to receive the information, we cannot guarantee the security and confidentiality of electronic communication and will not be liable for the improper disclosure of confidential information that is not the direct result of intentional misconduct of the City and/or its staff.</p>			



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SHORT TERM RENTAL QUESTIONNAIRE

FOR OFFICE USE ONLY	
LICENCE NUMBER:	RECEIVED BY
RECEIPT NUMBER	APPLICATION DATE

PLEASE PRINT CLEARLY

Details:

<input type="checkbox"/> Entire Dwelling	<input type="checkbox"/> Internal Secondary Dwelling Unit (SDU)	<input type="checkbox"/> Owner
<input type="checkbox"/> Partial Dwelling	<input type="checkbox"/> Detached SDU	<input type="checkbox"/> Renter
	<input type="checkbox"/> Converted SDU	Property Owner/Condo Board Permission Y/N

Applicant Information:

Applicant Name: _____

Name of Insurance Company: _____

Amount of Liability Insurance: _____

Policy Number: _____

Expiry Date: _____

Emergency Contact Info:

Name: _____

Phone Number(s): _____

Email (if applicable): _____

List of Companies used to Advertise STR

1 _____

2 _____

3 _____

4 _____

Number of off-street parking spaces available for STR	
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In accordance with Schedule 32 Short-Term Rentals:

I confirm that the short-term rental accommodation is located at my primary residence (where the individual is ordinarily resident, makes their home and conducts their daily affairs)

I, (please print name) _____ acknowledge it is my responsibility to notify the City of Hamilton in writing immediately of any changes in the information provided, during the course of this application, the period of a license and upon any renewal of a license and to ensure compliance with all City of Hamilton Licensing By-law 07-170, pertaining to this application.

Signature of Applicant	Date of Submission
-------------------------------	---------------------------

****Submission of this application does not constitute approval by the City of Hamilton and its Departments****

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CERTIFICATE OF COMPLIANCE APPLICATION

FOR OFFICE USE ONLY

PERMIT NUMBER, PAYER, RECEIPT NUMBER, PAYMENT TYPE, PERMIT FEE, APPLICATION DATE, RECEIVED BY

Property Information

ADDRESS, CITY/PROV, POSTAL CODE, LEGAL DESCRIPTION, REASON FOR REQUEST

Property Owner

FIRST NAME, LAST NAME, ADDRESS, CITY/PROV, POSTAL CODE, TELEPHONE NUMBER, MOBILE NUMBER, EMAIL ADDRESS

Applicant Information

FIRST NAME, LAST NAME, ADDRESS, CITY/PROV, POSTAL CODE, TELEPHONE NUMBER, MOBILE NUMBER, EMAIL ADDRESS

Commercial/Residential Use Information

Commercial: The approximate square footage of the building is: Is this request being made in order to obtain a liquor licence? Residential: No. of residents: Type of Lodging House:

Fees

- Single Detached Dwelling - \$320.35 (+HST)
Two, Three, or Multiple Dwelling - \$320.35 (+HST) plus \$46.02 (+HST) for each additional dwelling unit in excess of the first dwelling unit
Lodging House - \$320.35 (+HST) plus \$35.40(+HST) for each permitted resident. Required every 3 years.
Residential Care Facility - \$320.35 (+HST) plus \$36.28 (+HST) for each permitted resident. Required for first time applications and change in ownership.
All Other Buildings (Liquor Licence) - \$320.35 (+HST) plus \$21.24 (+HST) per each 100 square metre in excess of the first 100 square metres

I, (please print name) acknowledge it is my responsibility to notify the City of Hamilton in writing immediately of any changes in the information provided, during the course of this application, the period of a license and upon any renewal of a license and to ensure compliance with all City of Hamilton Licensing By-law 07-170, pertaining to this application.

Signature of Applicant

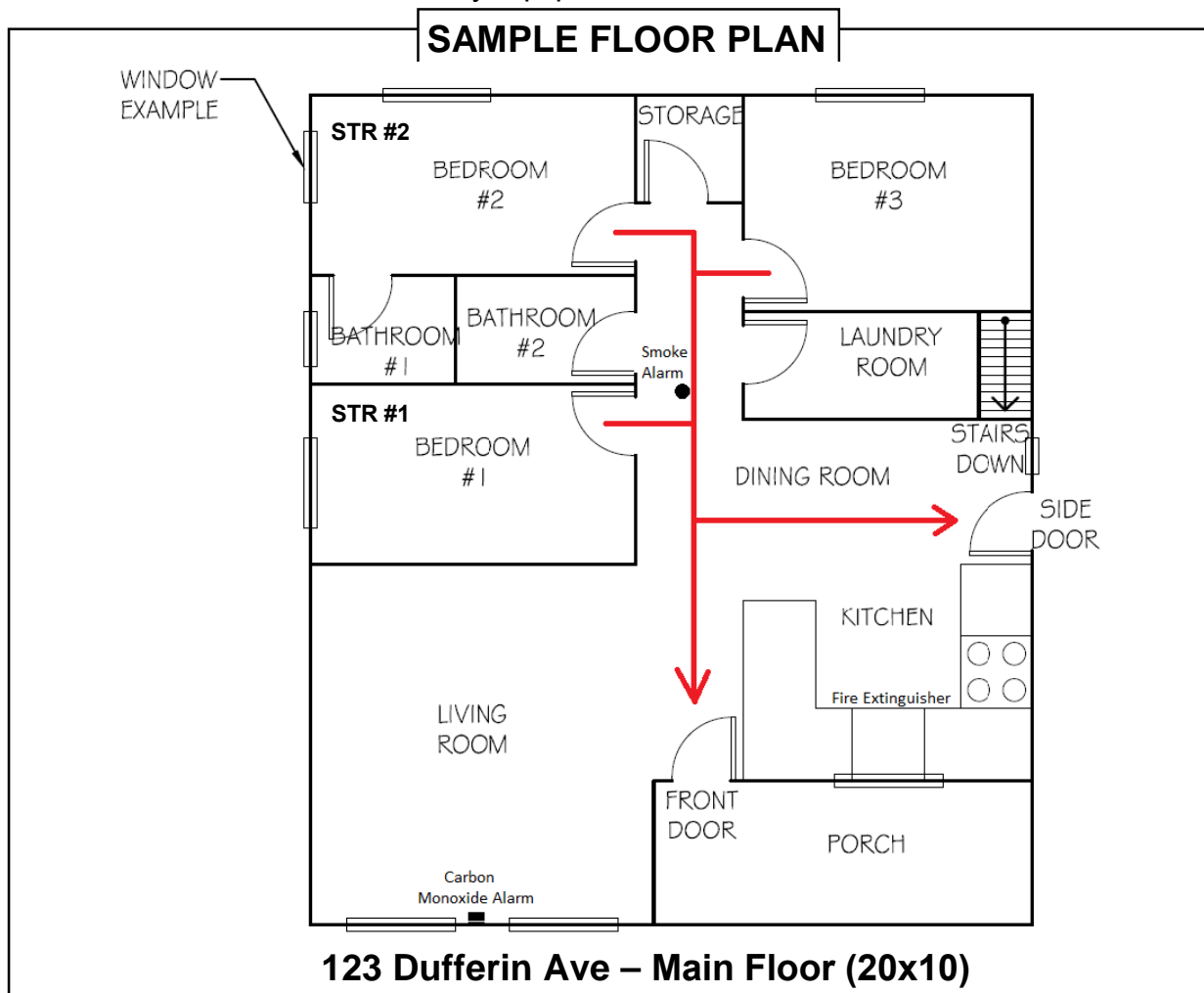
Date

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FLOOR PLAN GUIDE FOR SHORT TERM RENTAL LICENCE APPLICATION SUBMISSIONS

When providing associated floors plans for a Short Term Rental Licence application, please ensure the following requirements are met:

1. All floor plans if hand drawn must be completed in pen, with a ruler and be legible. Be advised digitally created floor plans are preferred but not required;
2. Every floor/unit (including unfinished/unoccupied basements) in the building must be on a separate page and include the address of property, the floor and/or unit number (e.g. 123 Dufferin Ave – Main floor - Unit #1);
3. Each room must be clearly shown and labelled (e.g. bedroom, living room, kitchen);
4. Square footage of the unit in which the short-term rental(s) are located
5. Which bedrooms in the unit will be used as short-term rentals
6. All windows, doors, stairs (internal and external), and all other forms of egress must be clearly shown and labelled, and;
7. All external structures attached to the building must be clearly shown and labelled (e.g. deck, front porch).
8. The number and location of smoke alarms and carbon-monoxide detectors
9. Evacuation routes and fire safety equipment



Please note: Floor plans are required to be submitted at the time of application. If the floor plans do not meet the requirements above, new plans may be required to be submitted,

FIRE ESCAPE PLAN

PROCEDURES FOR OCCUPANTS

To Be Posted On Each Floor And At The Main Entrance

Be advised this is a "Fire Escape Plan" provided for the safety of the Short-Term Rental unit occupants. If the building is provided with a "Fire Safety Plan" it will be posted on each floor in common areas of the building. Building occupants shall review the fire safety plan for further occupant procedures if provided. All tenants are responsible for fire safety. This will require corrective action to be taken by the tenant and/or report the hazard to the building owner immediately.

IN CASE OF FIRE:

- A) CALMLY NOTIFY ALL OCCUPANTS OF A FIRE CONDITION.
 - B) LEAVE THE BUILDING IMMEDIATELY BY THE NEAREST AND SAFEST EXIT; CLOSING DOORS BEHIND YOU.
 - C) CALL THE FIRE DEPARTMENT FROM A SAFE LOCATION BY DIALING 911, GIVING YOUR NAME AND SAY THERE IS A FIRE AT:
-

IF YOU HEAR AN ALARM OR ARE NOTIFIED OF A FIRE:

- A) LEAVE THE BUILDING IMMEDIATELY BY THE NEAREST AND SAFEST EXIT, AND CLOSING ALL DOORS BEHIND YOU.
 - B) CALL THE FIRE DEPARTMENT FROM A SAFE LOCATION BY DIALING 911, GIVING YOUR NAME AND SAY THERE IS A FIRE AT:
-

EMERGENCY CONTACT:

Name: _____

Phone: _____



SHORT-TERM RENTAL OPERATOR SELF-CERTIFICATION CHECKLIST

Licensing & By-law Services is responsible for promoting health, safety, and livability of the housing stock in the City of Hamilton. Inspections of short-term rentals are conducted to ensure they are safe and well maintained. The following checklist is a practical guide to what Licensing Compliance Officers will look for. Please review this guide and acknowledge your awareness of the items which will require compliance with applicable Provincial Legislation and City of Hamilton By-laws.

EXTERIOR

EXTERIOR WALLS

- Soffit and fascia in good repair
- House number visible from public right of way
- Siding is weathertight and intact
- No openings for animal infestations

PAINT

- Wood surface weather protected
- No peeling, chipping, flaking or otherwise deteriorated paint

FOUNDATION

- Structurally sound
- Free from holes or gaps
- Proper grading

ROOF

- Free of leaks
- Structurally sound
- No loose or missing shingles
- Roof overhang free from deterioration

EXISTING GUTTERS AND DOWNSPOUTS

- Free from debris
- Properly attached, and drains away from structure

CHIMNEY

- Tuckpointing/mortar in good repair
- Stable, no bricking missing

PORCH/DECK(S)

Structurally sound and in good repair
Stairways with more than three (3) risers has handrails

STAIRS/STEPS

Securely attached, free from deterioration
Stairways with more than three (3) risers has handrails
Snow shoveled at all building exit doors

PREMISES AND ACCESSORY STRUCTURE

GARAGES/SHED

In good repair and structurally sound
Not open to trespass
Exterior surfaces weather protected and intact

FENCES

Well maintained, built to 10-142 Fence By-law
Wood surfaces weather-protected

YARD

Grass and weeds not exceeding 20 centimetres
Proper grading and ground cover
No litter, car parts, yard waste, construction waste, or other debris
Firewood neatly stacked and properly stored
Waste containers located in proper place

VEHICLES/PARKING

No parking on front yard
Parking only on approved surfaces in approved locations
No inoperable vehicles on-site
No improper vehicles, RVs, or illegal trailer parking

INTERIOR

WALLS AND CEILINGS

In good repair
No loose wallcoverings
Free from holes
No flaking, chipping, or peeling paint
Free from water damage

FLOORS

- In good repair
- No holes
- Structurally sound
- No trip hazards

HALLWAY/STAIRS

- Clear pathways
- Handrails/Guardrails securely attached
- Continuous guardrails required on open sides inches above grade
- Graspable handrails
- Floor covering intact and secured to stairs

SLEEPING ROOMS

- Proper egress window or door to the outside
- Floor spaces conforms to Ontario Building Code (OBC) regulation
- Minimum ceiling height as per OBC
- Proper light and ventilation
- Receptacles safe and in good condition

WINDOWS

- No broken/cracked glass
- Easily openable and remains open without the use of a prop
- Openable windows must have screens and be in good repair
- Weathertight
- Window frames and sashes must be free of cracked, chipped, peeling, chalking, or flaking paint and caulk

DOORS

- Fit frames, closes and latches securely
- Proper working hardware
- Weathertight and free from holes
- Exit and entrance doors have functioning locks
- Storm screen doors are maintained in good condition and functioning closers

KITCHEN

- Hot and cold running water with adequate pressure
- No loose or dripping faucets
- Drains function properly, free from obstructions
- Electrical appliances plugged directly into outlets without the use of extension cords or adapters

BATHROOM

Sink/Tub/Shower properly installed and maintained in good repair with caulking intact
Toilet properly installed with all components intact and properly secured, maintained and functioning
Light fixture working
No loose or leaking faucets
Mechanical venting working if present
Hot and cold running water with adequate pressure required to each fixture

ELECTRICAL, MECHANICAL AND PLUMBING

ELECTRICAL

Adequate service outlets
Fixtures intact and functioning properly
Extension cords do not present a hazard
Cover plates on all outlets, switches and junction boxes
All wiring properly installed and maintained

MECHANICAL

Heating facility must be properly installed and maintained
Maintain interior temperature of 20 Degrees Celsius from May 15th to September 15th
Temporary heating devices shall not be used as primary source of heat

PLUMBING

All plumbing lines must be installed and maintained to OBC
Hot and cold running water with adequate pressure required to each fixture
Waste line must be properly installed and vented ("S" traps not allowed)
No leaking faucets or pipes
All pipes must be free from defects and obstruction and properly secured

Rental Business Owners should note that Self Certification Checklist is not all inclusive. It is meant as a guide to assist in the preparation of inspection. Rental Business Owners are responsible to ensure that their properties are in compliance with all Municipal, Provincial and Federal standards.

DECLARATION

I, _____ am responsible as the Rental Business Owner/designate of the Rental Dwelling referred to in this Self-Certification, I have inspected the Rental dwelling and acknowledge the truthfulness of the answers. I am responsible as the Rental Business Owner for ensuring the Rental Dwelling is in compliance with all Municipal, Provincial and Federal legislation.

Name:

Check One: Rental Business Owner
 Delegate

Signature:

Date:

If signed by an individual other than the Rental Business Owner of the dwelling in question, an authorization from the Rental Business Owner indicating authority for the designate/agent to submit this document must be included.