



**SCHEDULE A**  
**LICENCE APPLICATION REQUIREMENTS**

**PROPERTY INFORMATION (PROPERTY TO BE LICENCED)**

Address: \_\_\_\_\_

**OWNER (IF DIFFERENT FROM APPLICANT)**

Owner's Name: \_\_\_\_\_

Corporation or Partnership (if applicable): \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**RENTAL AGENT/AGENCY**

Agent/Agency's Name: \_\_\_\_\_

Corporation or Partnership (if applicable): \_\_\_\_\_

Agency Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**LOCAL MANAGER (IF DIFFERENT THAN OWNER)**

Responsible Person's Name: \_\_\_\_\_

Corporation or Partnership (if applicable): \_\_\_\_\_

Agency Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**PURPOSE OF APPLICATION**

New STA Licence ☐

Licence Renewal ☐

**PREMISES DETAILS**

Current Use of Premises: \_\_\_\_\_

Proposed Number of Bedrooms: \_\_\_\_\_

Total STA Premises Occupant Load: \_\_\_\_\_

(Based on 2 persons per bedroom)

**ATTACHMENTS (THE FOLLOWING MUST ACCOMPANY THE APPLICATION)**

- i. Copy of the Transfer/Deed proving evidence of ownership
- ii. Copy of the Liability Insurance of not less than \$2 million per occurrence for property damage and bodily injury
- iii. Site Plan of the premises (including parking and garbage disposal area)
- iv. Floor Plans (see guide for requirements)
- v. Local Manager Consent (if applicable)
- vi. Copy of Complete STA Inspection (i.e. Fire, building etc.)
- vii. Renter Code of Conduct if different than Schedule "D"
- viii. Evidence of septic pumped out and inspected in the last three years.

**DECLARATION OF APPLICANT**

I \_\_\_\_\_ certify that:

The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.

Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_