



TOWN OF ARBORG
 337 River Road
 Box 159, Arborg, MB R0C 0A0
 Tel: 204-376-2647 Fax: 204-376-5379
 Website: www.townofarborg.com
 E-mail: townofarborg@mymts.net

SHORT-TERM RENTAL ACCOMODATION LICENSE APPLICATION

Business Name:							
Owner Name <input type="checkbox"/>							
Applicant Name <input type="checkbox"/>							
Civic Address of Business:			Town				
Mailing Address:		Town			Postal Code		
Business Telephone:		()		Cell:		()	
Email:		@		Website			
Short Term Rental Address							
Provide Proof of Owner/Landlord Authorization if applicant is a tenant						YES <input type="checkbox"/> NO <input type="checkbox"/>	
Roll #		How many existing bedrooms are in the Unit that will include the short-term rental:					
Type of Rental:		In Primary Building		Room <input type="checkbox"/>		Suite <input type="checkbox"/>	
		In Detached Building		Room <input type="checkbox"/>		Suite <input type="checkbox"/>	
# Smoke Alarm(s)		# Carbon Monoxide Detector(s)		Fire Alarm System		YES NO	
Safety Records Attached:			Date of Last Safety Inspection (s)				
Occupancy Number Prior to Rental			Maximum Occupancy when Rented				
# Designated Private Parking Spaces Available							
I (We) hereby certify the above information to be correct and acknowledge that any false statement made upon this application may result in the revocation of the license applied for and/or prosecution.							
Signature				Date:			
License Fee(s)		\$50.00 <input type="checkbox"/>			\$100.00 <input type="checkbox"/>		
		Resident Owner			Non-Resident Owner		
Payment Enclosed:		YES <input type="checkbox"/> NO <input type="checkbox"/>		Chq <input type="checkbox"/>		Cash <input type="checkbox"/>	
Payment via EFT		Sent to: townofarborg@mymts.net			YES <input type="checkbox"/> NO <input type="checkbox"/>		

OFFICE USE ONLY			
Fee Owning:	Payment Received <input type="checkbox"/>	Certificate <input type="checkbox"/>	Filed <input type="checkbox"/>
Receipt #	Issue Date:		
License #	Expiry Date:		
Supporting Documents Received <input type="checkbox"/>			