



## Application for Multiple Family Dwelling

**for Address of Premises:** \_\_\_\_\_

**I (WE):** \_\_\_\_\_  
(Owner of Building/Applicant – sole proprietor, partnership or corporation)

**of:** \_\_\_\_\_  
(Mailing Address) (Postal Code)

**Telephone Number(s):** (Home) \_\_\_\_\_ (Work/Cell) \_\_\_\_\_ (Fax) \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Business Number (assigned by Canada Revenue Agency):** \_\_\_\_\_

hereby apply for a license to operate the above **Multiple Family Dwelling** to commence on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

I (We) hereby certify the information provided in this application to be correct and, acknowledge that any false statement made upon this application may result in the revocation of my (our) license and/or prosecution:

1. **Owner of building:** \_\_\_\_\_

**Resides on site** (circle one) Yes / No

2. **Management company and/or caretaker:** \_\_\_\_\_

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

**Contact Number(s):** (Home) \_\_\_\_\_ (Work/Cell) \_\_\_\_\_ (Fax) \_\_\_\_\_

3. **Description of premises: No. of storeys** (circle one) 1 2 3 **Basement** (circle one): Yes / No

	TOTAL No. of Units per Floor	No. of Rental Units that:	
		Are Self-contained	SHARE kitchen and/or bathroom facilities
Basement			
Main Floor			
Second Floor			
Third Floor			
<b>TOTAL</b>			

**THIS IS NOT A LICENSE – the fee must be paid in full and have all required approvals before the license is issued.**

Date: \_\_\_\_\_, 20\_\_\_\_\_

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

*Revised August 2019*