# BUSINESS LICENSE APPLICATION
# Short-Term Rental or Bed & Breakfast

## SECTION A THIS IS AN APPLICATION FOR: (Check ONLY one)

☐ SHORT-TERM RENTAL (ENTIRE DWELLING) How many short-term rentals are you proposing to operate at this location? _____

☐ BED & BREAKFAST (ROOMS IN YOUR HOUSE)

## SECTION B TO BE COMPLETED BY ALL BUSINESS LICENCE APPLICANTS

| | | |
|---|---|---|
| **BUSINESS NAME** | | |
| **BUSINESS OWNER NAME** | LAST | FIRST |
| **BUSINESS PHYSICAL ADDRESS** (if more than one STR, list each unit number) | STREET ADDRESS | |
| **MAILING ADDRESS** | STREET ADDRESS | TERRITORY/PROVINCE |
| | CITY | POSTAL CODE |
| **CONTACT INFORMATION** | PHONE | EMAIL |
| **PROPERTY OWNER** (If different from business owner) | LAST | FIRST |
| | PHONE | EMAIL |
| **SECONDARY CONTACT (optional)** | NAME | PHONE |

**ARE YOU RENOVATING OR ALTERING THE PREMISES?** ☐ YES ☐ NO

IF YES, PLEASE DESCRIBE:

## SECTION D APPLICANT

☐ I/we the undersigned, do make an application for a business license in accordance with the information enclosed.

☐ I/we understand that a business cannot operate in the City of Whitehorse without first obtaining and maintaining a valid business license from the City of Whitehorse.

☐ I/we declare that the statements made in this form are true and correct.

☐ I/we commit to complying with all City of Whitehorse Bylaws.

**SIGNATURE:** _____ **DATE:** _____

## YOUR APPLICATION MAY REQUIRE THE FOLLOWING DOCUMENTS:

- Proof of Business Name Registration - Yukon Government, Federal or Extra-Territorial **only**
  *Required if you name the business anything other than your first and last name
- Proof of Yukon Workers Compensation Board **only**
  *Required if the business is incorporated, a limited business or has additional employees other than the owner

**City of Whitehorse**
**Physical Address: 187A Range Road, Whitehorse, YT Y1A 2S2**
**Mailing Address: 2121, 2nd Avenue, Whitehorse, YT Y1A 1C2**
**Email: adminbuilding@whitehorse.ca**
**Tel: (867) 668-8340**