



City of Yellowknife

Business Licence Application for SHORT-TERM RENTAL ACCOMMODATION

Completed applications can be hand delivered to City Hall 4807-52 Street or sent via mail, fax or email as per below.

City of Yellowknife
PO Box 580, Yellowknife, NT
X1A 2N4

Fax: 867-920-5649
Email: businesslicence@yellowknife.ca
Phone inquiries: 867-920-5600 ext 0

Business Licence By-law No. 3451
Zoning By-law No. 5045

Short-Term Rental Accommodation Information

Business Name: _____
 Civic/Street Address: _____
 Mailing Address: _____ Postal Code: _____
 *Business Email: _____ Bus. Ph: _____
 Business Website: _____ Bus. Fax: _____

Please answer the following questions regarding your short-term rental accommodation business:

	YES	NO
Will your short-term rental accommodation be rented for more than 30 consecutive days at a time?	<input type="checkbox"/>	<input type="checkbox"/>

What type of building is the short-term rental accommodation being proposed in? (Select from options below)

<input type="checkbox"/> Single-detached dwelling	<input type="checkbox"/> Duplex dwelling	<input type="checkbox"/> Multi-unit dwelling
<input type="checkbox"/> Factory-built dwelling	<input type="checkbox"/> Townhouse dwelling	<input type="checkbox"/> Detached secondary suite
<input type="checkbox"/> Other (please specify) _____		

Has the business been registered with the Worker's Safety and Compensation Commission?	<input type="checkbox"/>	<input type="checkbox"/>
Is the the short-term rental accommodation being proposed at your principal residence?	<input type="checkbox"/>	<input type="checkbox"/>
Do you own the property at which the short-term rental accommodation is being proposed?	<input type="checkbox"/>	<input type="checkbox"/>
Is the location under a Condo Corp or Housing Co-op? (If so, please read "Important Note" on back)	<input type="checkbox"/>	<input type="checkbox"/>
Do you intend to use the entire property for short-term rental accommodation?	<input type="checkbox"/>	<input type="checkbox"/>
How many people (MAXIMUM) will stay at your short-term rental accommodation (per stay)?	_____	
How many rooms will you be using for short-term rental accommodation (per stay)?	_____	
On which platforms will your short-term rental accommodation be advertised? (List all that apply)		

Will any usual resident(s)/staff/employees be at the property during its use as a short-term rental?	<input type="checkbox"/>	<input type="checkbox"/>
Will any commercial vehicles be used in conjunction with the short-term rental accommodation?	<input type="checkbox"/>	<input type="checkbox"/>
If "YES", please specify the # and type(s) of vehicles. _____		
Will the business require any vehicle(s) which exceed 4400 GVWR? (e.g. cube van, moving truck, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Will the short-term rental accommodation change the external appearance or character of the land or buildings?	<input type="checkbox"/>	<input type="checkbox"/>
Does the short-term rental accommodation have the potential to generate pedestrian or vehicular traffic or parking in excess of what is normal in your neighbourhood's zone?	<input type="checkbox"/>	<input type="checkbox"/>

The City of Yellowknife has an online Business Directory on its website that can display information about your business. Please include the following on the Business Directory (check those that apply):

<input type="checkbox"/> Business Name, Telephone Number and Email address	<input type="checkbox"/> Business Address
<input type="checkbox"/> Do not publish information regarding my business on the online Business Directory	

Primary Business Owner's Contact Information & Acknowledgement

Applicant's Name: _____
 Mailing Address: _____
 Phone #'s Cell: _____ Office: _____ Fax: _____
 Email: _____

Alternative Emergency Contact Information

Provide an alternative contact who can be reached for any concerns about your short-term rental accommodation.

Alternative Contact's Name: _____
 Mailing Address: _____
 Phone #'s Cell: _____ Office: _____ Fax: _____
 Email: _____

By signing below, I hereby certify that the information above is accurate and true. I acknowledge that submitting false or misleading information that does not comply with the above may result in my Business Licence and/or Development Permit being revoked. I acknowledge it is my responsibility to notify the City of Yellowknife immediately in writing of any change in information provided on this application.

Applicant's Signature: _____

Property Owners (Address) Acknowledgment of Business Operation - Short-Term Rental Accommodation

I/We as the owner of (address) _____ am aware of the proposed short-term rental accommodation application noted above and hereby give my permission for such business to occur on my property.

Owner's Signature: _____ Date: _____

OFFICE USE ONLY

Amount Paid: _____ Customer ID: _____
 BL #: _____ Permit #: _____
 BL Approved By: _____

SHORT TERM RENTAL REQUIREMENTS

A short-term rental accommodation may be permitted in a legally developed residence approved by the Development Officer, in compliance with all applicable requirements of Zoning Bylaw 5045.

*****By having signed this form, you have certified that you will abide by the above conditions after you have received a Development Permit for the Short-Term Rental Accommodation and know that failure to do so will result in cancellation of the Development Permit and possible action taken by the City of Yellowknife. *****

IMPORTANT NOTE FOR CONDOMINIUM OWNERS/RENTERS AND HOUSING COOPERATIVE MEMBERS

Condominium corporations and housing cooperatives may have rules / by-laws respecting Short-Term Rental Accommodation. It is the responsibility of the applicant to know and understand these rules / by-laws prior to submitting their application for a Short-Term Rental Accommodation.

ADDITIONAL INFORMATION:

It is the responsibility of the business owner to advise the City, in writing, of any changes to information regarding the business, such as location, contact information or termination of business.

AGENCIES – BUSINESS LICENCE

Workers Safety & Compensation Commission (WSCC)
Centre Square Mall, 5 Floor, 5022-49 Street, PO Box 8888
Yellowknife, NT X1A 2R3 Ph: 867-920-3888

Corporate Registries, GNWT, Dept of Justice, 1 Floor,
Stuart Hodgson Building, 5009-49 Street, Yellowknife, NT
X1A 2L9 *All businesses & non-profit
organizations operating in Yellowknife & NWT must register.

GNWT - Education, Culture & Employment, Early Childhood
Education Program *Register for all childcare businesses,
Early Childhood Consultant, GNWT, PO Box 1320,
YK, NT X1A 2L9 Ph: 867-766-5114 Fax: 867-873-0423

Department of Public Works & Services -
Gas/Boilers/Electrical Sections, GNWT, 1 Floor,
5003-49 Street, Ph: 867-920-8801, *Must make an
appointment for approval of a food vending cart.

Municipal & Community Affairs, GNWT,
6 Floor, Northwest Tower, 5201 Franklin Avenue,
Ph: 867-873-7125

Industry, Tourism & Investment, GNWT,
YK Centre, 2 Floor, Ph: 867-767-9212, *Must obtain Licence
when operating Outfitting or Tourist Accommodation.

Stanton Territorial Health Authority - Health Protection,
1 Floor, Diamond Plaza, 5204-50 Avenue, Ph:867-767-9066
*Must make an appointment with a Health Officer for
approval when planning to operate a business involving
food products, health care, child care or accommodation.

Canada Revenue Agency (Goods & Services Tax),
Government of Canada, Ph: 800-959-5525

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