SHORT-TERM ACCOMMODATION (STA)
LICENSE APPLICATION

Application Fee:	Payment: □ Cash □ Other □ Cheque – payable to the Town of Wasaga Beach
License Class: (office use only)	
PROPERTY OWNER INFORMATION:	
Full Name:	
Address (Inc. Unit #):	
City:	Postal Code:
Phone:	Fax:
Email:	
APPLICANT INFORMATION (person or corporation operating the business):	
□ Sole Proprietor	Full Name:
□ Partnership	Full Names of all Partners:
□ Corporation	Full Name of Corporation:
Name(s) of authorized signing officers:	
Applicant Address (Inc. Unit #):	
City:	Postal Code:
Phone:	Fax:
Email:	
BUSINESS INFORMATION (please note: this information will be published):	
Business Name:	
Business Location (Inc. Unit #):	
City: Wasaga Beach	Postal Code:
Phone:	Fax:
Email:	
RESPONSIBLE PERSON OF THE BUSINESS INFORMATION:	
Full Name:	
Address (Inc. Unit #):	
City:	Postal Code:
Phone:	Fax:
Email:	

CLASS A: BED AND BREAKFAST OWNERS/OPERATORS ONLY:	
How many bedrooms in total?	How many bedrooms will be rented out?
Parking Surface Type (select all that apply): ☐ Asphalt ☐ Concrete ☐ Stone OR ☐ Other (please specify):	
Do your guests occupy units for periods of: □1-7 days OR □ 8-14 days OR □ 15-22 days O R □ 23-28 days	
CLASS B: MOTEL OWNERS/OPERATORS ONLY:	
How many units in total?	
Parking Surface Type (select all that apply): ☐ Asphalt ☐ Concrete ☐ Stone OR ☐ Other (please specify):	
CLASS C: OTHER STA OWNERS/OPERATORS ONLY:	
How many units in total?	How many bedrooms per unit?
Parking Surface Type (select all that apply): ☐ Asphalt ☐ Concrete ☐ Stone OR ☐ Other (please specify):	
Do your guests occupy units for periods of: □1-7 days OR □ 8-14 days OR □ 15-22 days O R □ 23-28 days	

SIGNATURE:

I/We, _____, the applicant, hereby acknowledge and declare that.

- I/We are prepared to operate this business in accordance with the terms and conditions of the Town of Wasaga Beach Short-Term Accommodation By-law #2026-08 and acknowledge that ALL business operations within the Town of Wasaga Beach must have a current business license prior to operating a business.
- The information contained in this application is true and complete to the best of my/our knowledge, and that failure to provide complete or accurate information may delay the licensing process.
- The submission of an application and payment of licensing fees in advance does not constitute any approval to commence or continue any business activity. Applicants must await an approval before engaging in any business activity. Application fees are non-refundable once an application has been circulated, even if an approval is denied.

Applicant Name(s) (print)	Signature(s)	Date

Notice of Collection: Personal Information is collected under the legal authority of the Municipal Act, 2001, S.O. 2001 c.25, and the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) and will be used in the administration and enforcement of the Short-Term Accommodation Licensing By-law. Personal information will only be kept for as long as necessary to fulfill the purpose for which it is collected. Questions regarding this collection, use and disclosure of personal information may be directed to the Clerk's Department, 30 Lewis Street, Wasaga Beach, ON L9Z 1A1 (705)429-3844 foi@wasagabeach.com.