



LICENCE OFFICE
 4949 Canada Way, Burnaby, BC V5G 1M2
 Phone 604-294-7320 Fax 604-294-7163
 Licence@burnaby.ca

House Rental Licence Application

Date _____

1. Rental Address _____
2. Licencee (Property Owner(s)) _____
3. Contact Name _____
4. Mailing Address: Unit # _____ Street # _____
 City _____ Postal Code _____
5. Telephone Numbers: Bus: _____ Cell: _____ Fax: _____
6. Email _____
7. Does the owner live in the Lower Mainland? Yes No *(if no – the following information is required)*
 Property Manager’s Business Name: _____
 Contact Name: _____ Title: _____
 Address: _____
 Telephone numbers: Bus: _____ Cell: _____ Fax: _____
 Email: _____

I/We hereby apply for a licence in accordance with the particulars as stated above and declare they are true and correct. I/We undertake that if granted the licence applied for, I/We will comply with all laws and Burnaby City Bylaws currently in force, or which hereafter come into force.

NOTE: Business Licences are public records and are available in various additional publications on the City website and/or in hard/soft copy format. All information on this form is collected under the authority of the Community Charter, Division 9. Personal information collected is protected pursuant to the Freedom of Information and Protection of Privacy Act.

For multiple owners, only one application and signature is required from one owner on behalf of all owners.

Signed _____

Date _____

Print Name _____

Once completed please sign and submit to the Licence Office via:

Mail
 Licence Office
 4949 Canada Way
 Burnaby, BC V5G 1M2

Email
 licence@burnaby.ca

Please Note: At this time DO NOT INCLUDE PAYMENT. The application will be processed and an invoice will follow. Payment is due upon receipt of the invoice.

OFFICE USE ONLY			
Zone _____		ACCOUNT NO. _____	
BY-LAW NO. _____	FEES		
PUC <input type="checkbox"/>	LICENCE _____	NEW <input type="checkbox"/>	NAME CHANGE <input type="checkbox"/>
Other <input type="checkbox"/>	APPLICATION _____		
	TOTAL DUE _____	RECEIVED BY _____	