



LICENCE OFFICE
 4949 Canada Way, Burnaby, BC V5G 1M2
 Phone 604-294-7320 Fax 604-294-7163
 RentalLicence@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
 rentallicence@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		
	LICENCE _____	NEW <input type="checkbox"/>	NAME CHANGE <input type="checkbox"/>
PUC <input type="checkbox"/>	APPLICATION _____		
Other <input type="checkbox"/> _____	TOTAL DUE _____	RECEIVED BY _____	