RESORT VILLAGE OF TOBIN LAKE

PO Box 1479
Nipawin, SK S0E 1E0

306-862-2895
rvtobinlake@sasktel.net
www.resortvillageoftobinlake.ca

SHORT-TERM RENTAL LICENCE APPLICATION

OWNER	Name		
	Mailing Address		Phone Number ( ) Email
AUTHORIZED APPLICANT *(if not owner)*	Name		
	Mailing Address		Phone Number ( ) Email
BUSINESS/LESSEE INFORMATION (if applicable)	Business Name	Contact Name	Phone Number ( ) Email
	Mailing Address		*Owner Authorization* *(if applicant is not the owner)* _____ Signature
SHORT TERM ACCOMODATION INFORMATION	Civic Address		Lot Block Plan
	List all platforms intended to use for advertising eg: Airbnb, Kijiji etc. _____ _____		
CHECK-LIST	Completed and passed Fire Inspection Report attached? ☐ Copy of proof of registered business attached? ☐		
DECLARATION	DECLARATION: I, _____ of _____in the province of _____, agree to comply with the Short-Term Rental Bylaw of the Resort Village of Tobin Lake and acknowledge that it is my responsibility to ensure compliance with the Short-Term Rental Bylaw. _____ _____ *Date* *Signature*		

OFFICE USE ONLY

Date Received: _____

Owner Authorization ☐
Proof of Registered Business ☐
Fire Inspection Certificate Number:_____