

Annual Inspection and Declaration Form

Bed and Breakfast / Short-Term Rental

Business Name:	
Address:	
Phone:	Email:
☐ Fire Extinguisher is☐ Floor Plan is posted☐ Means of egress open	installed and tested. Alarms installed and tested. installed and annually certified. I. Any significant changes discussed with the Town. erable and unobstructed (bedroom doors & windows). assageways maintained free and clear of obstructions.
and provided my co The site is / remain guest stays within to I will ensure all request by 10 am, debris, un	butting neighbours and adjacent neighbors (across the road) of the B&B / STR ontact information. Is my permanent residence and I will be available to respond in person during all
and not advertise a ☐ I will display a copy phone number in a	TRs/B&Bs: usiness Licence number in all advertising for a short-term rental accommodation higher occupancy number than I'm licensed for. y of the business licence and the operator's (responsible person's) name and prominent location in the unit (and for residential zones on the property visible will notify the Town bl@golden.ca within 24 hours of the contact changing.
☐ I will obtain insura ☐ I will abide by all T	n record of all guest names and contact information. Ince for the short-term rental premise. Incomparison of Golden bylaws. Incomparison of Golden bylaws. Incomparison of Golden bylaws.
	I remitted to the Province. has remitted on my behalf.
and that I will abide by the te	safety measures have been tested, inspected, and will continue to be maintained, rms and conditions listed above. Failure to adhere to these conditions may result e being suspended or revoked.
Signature	Date
Name	_

¹ Subject to Provincial rollout May 2024.