



Mailing Address
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www.selwintownship.ca

Application to licence an Accessory Guest Room, Guest Home or Bed & Breakfast

Please complete the entire form

Application No.: _____	Date Received: _____
Name of Owner: _____	
Address: _____	
Postal Code: _____	Phone: _____
	Fax: _____
Email Address: _____	

1. Date when Guest Home or Bed & Breakfast establishment began operation (Please include supporting documentation).

2. Business name of Guest Home or Bed & Breakfast.

3. Type of dwelling.

- single detached semi-detached
- townhouse apartment

4. Total number of bedrooms in the dwelling: _____

5. Number of Guestrooms proposed: _____

6. Locations of guestrooms: _____
 Please indicate on attached floor plan (drawn to scale).

7. Location of bedroom(s) used by owner: _____
 Please indicate on attached floor plan (drawn to scale).

8. List of motor vehicles used and/or stored by permanent residents.

<i>License plate numbers</i>	<i>Colour, make & model</i>

9. Number of parking spaces available on site. (Each parking space must measure 2.4m x 6m. (8' x 20') and meet Zoning By-Law requirements as to location).

10. (a) Does the operator reside in the dwelling as their principal residence?

- Yes No

(b) If not, name of person residing in dwelling _____

