

Schedule A

Accommodation Establishment Information

Adopted Pursuant to By-Law 2022-34 Municipal Accommodation Tax



Important: This Accommodation Establishment Information form must be completed by Providers who operate Accommodation Establishments within the Town of # and must be submitted to the Town before the latter

- of: (i) @O-kU) ^ u- ; or,
- (ii) 30 days after the Establishment commences operations.

It is the responsibility of the Provider to update and submit to the Town within 30 days this form where there are any changes required to the information provided.

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|---|--|-----------------------|
| Legal Name of Provider: | | |
| Operating Name of Establishment: | | |
| Legal Name of Property Owner: | Tax Roll Number: | |
| Property Location: | | |
| Mailing Address (if different): | | |
| Contact Name: | Contact Phone Number: | Contact Email: |
| Frequency of HST Remittance: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other* *Annual or not registered | Business Number: | |
| | Agent or Internet Booking Platform(s) Used: | |
| Total Number of Rooms in Establishment: | Daily Room Rate: | |
| Name: | Position: | |
| Authorized Signature: | Date: | |

The personal information on this form is requested pursuant to By-law is collected under the authority of the *Municipal Act*, S.O. 2001,