



**TOWN OF GIBSONS**

PO Box 340  
474 South Fletcher Road  
Gibsons BC | V0N 1V0  
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# Residential Guest Accommodation Owner/Landlord Consent Form

The purpose of this form is to ensure you have permission from your landlord to operate Residential Guest Accommodation at the following address:

Street Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Unit Number or Description\* : \_\_\_\_\_  
*\*e.g. "basement suite"*

**REGISTERED OWNER DETAILS**

Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**OPERATOR DETAILS (Tenant Only)**

Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please be advised that I/we, the registered owner(s) of the above-mentioned property:

- Have read the Residential Guest Accommodation Business Licence application prepared by the Operator, including the associated Parking Plan;
- Consent to the above address being used for Residential Guest Accommodation, as indicated in the Business Licence application and in compliance with Town Bylaws; and
- Agree to immediately notify the Town of Gibsons, in writing, of any changes regarding this information.

\_\_\_\_\_  
Registered Owner's Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
2<sup>nd</sup> Registered Owner's Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date