



**Building and By-law Services**  
 The Corporation of the County of Prince Edward  
 Office: 280 Picton Main Street, 2<sup>nd</sup> Floor, Picton, ON K0K 2T0  
 Mailing: 332 Picton Main Street, Picton, ON K0K 2T0  
 T: 613.476.2148 x 2050 | F: 613.471.2051  
[stalicenses@pecounty.on.ca](mailto:stalicenses@pecounty.on.ca) | [www.thecounty.ca](http://www.thecounty.ca)

**SHORT-TERM ACCOMMODATION (STA) LICENCE RENEWAL CHECKLIST**

ITEMS REQUIRED TO COMPLETE APPLICATION	YES	NO
Piece of ID showing residency (ex. Drivers License)		
Signed Affidavit (if Owner/ tenant occupied) *(See Part A)		
Signed Affidavit confirming no changes to the license and application (ex. bedroom count/ site plan) *(See Part B)		
Are meals of breakfast, lunch, or dinner being served or are you planning on serving?		
If any meals are provided have you contacted Hastings Prince Edward Public Health (HPEPH)? HPEPH will be notified of any STA serving food.		
Copies of Fire Protection Maintenance Logs		
Proof of verification and inspection of all Fire Extinguishers by a certificated agency		
Proof of insurance (3rd party not permitted): <ul style="list-style-type: none"> <li>▪ in an amount no less than \$2,000,000, and</li> <li>▪ contains coverage for damage from fire, and</li> <li>▪ does not prevent the use of an STA, and</li> <li>▪ is cancellable by the applicant's insurer with 30 days notice.</li> </ul>		
Contact information for an agent or responsible person *(See Part C)		
MAT Tax Remittance		
Active Burn Permit		

**PART A.**

**\*\*AFFIDAVIT for Owner Occupied STA's**

Date: \_\_\_\_\_ Address: \_\_\_\_\_

I certify that the property listed above is my principal residence and that I reside there while it is being used by guests as an STA, or

I certify that the property listed above is the principal residence of my tenant, and that they reside there while it is being used by guests as an STA

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART B.**

**\*\*AFFIDAVIT indicating NO CHANGES to the current license and application**

Date: \_\_\_\_\_ Address: \_\_\_\_\_

I certify that the property listed above is counting to rent as previously licensed for and no changes have been made to the application, (ex. no additional bedrooms)

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART C.**

Agent/Property Manager Information		
Last Name/Company Name		First Name
Street Address		Unit Number
City	Province	Postal Code
Contact Number	E-Mail	

**\*\* PLEASE SEND ALL SUPORTING DOCUMENTS AS WELL AS THE CHECKLIST IN ITS COMPLETE FORM TO [stalicens@pecounty.on.ca](mailto:stalicens@pecounty.on.ca) \*\***