Accommodation Establishment Information

Adopted Pursuant to By-Law #74-2018

Municipal Accommodation Tax 501-34 Cumberland St. N. P.O. Box 800 Thunder Bay (ON) P7C 5K4 Tel: 807-625-8150 Email: ctbmat@thunderbay.ca



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

- (i) Before September 30, 2018; or,
- (ii) 30 days after the Establishment commences operations.

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

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: Monthly Quarterly 	Business Numbe	er:	
 Other* *Annual or not registered 	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 74/2018 and is collected under the authority of the *Municipal Act*, S.O. 2001, c. 25. Questions about this collection should be directed to the Manager - Billing & Collection, Revenue Division, 501-34 Cumberland St. N., Thunder Bay Ontario, P7A 4L3. Telephone (807) 625-2255.