

Second Unit Licence Application

Transportation & Works Department
 Enforcement Division, Compliance and Licensing Section
 300 City Centre Drive,
 MISSISSAUGA ON L5B 3C1
 Tel: 905-615-4311 Fax: 905-615-3374



Personal information on this form is collected under the authority of Sections 151 and 436 of the Municipal Act, 2001 and City of Mississauga By-law 204-13 and will be used to license, regulate and govern businesses and ensure compliance with all laws and regulations. Questions about the collection of this information should be made to the Manager, Compliance Licensing and Enforcement, City of Mississauga, 300 City Centre Drive, Mississauga, Ontario L5B 3C1, Telephone 905-896-5676.

Application Type

- Owner Dwelling Investment Dwelling
 New Application Renewal Application Current Licence Number: _____

Rental Property Information

Address of Second Unit Property

Location of Second Unit

Basement First Floor Second Floor

Property Owner (Applicant) Information

Property Owner's (Applicant) Name	Property Owner's Birthdate (YYYY-MM-DD)
Property Owner's (Applicant) Mailing Address	
Operating Name of Business (if Investment Dwelling Second Unit)	
Email Address	
Home Telephone No.	Cell Phone No.

Application Checklist (Documents required)

The following documents must be provided before a Second Unit Licence will be issued:	New	Renewal
Certificate of Occupancy		
Letter from Fire Chief confirming compliance with Fire Code (Issued 180 days of the date of application)		
Certificate of Inspection issued by the Electrical Safety Authority (Issued 180 days of the date of application)		
Floor Plan of Second Unit (Approved by Zoning including dimensions and proposed use of each room)		
Proof of Ownership (Tax Bill, Title of Property or Tax Assessment)		
Insurance Certificate (\$2 million minimum)		

For Business / Corporate Applicants (Additional documents required)

If applying for an Investment Dwelling Licence, the following is also required:		
Sole Proprietor - Master Business Licence		
If a Corporation – Articles of Incorporation (If a Registered Partnership – Registered Declaration of Partnership)		
Business Name Registration		

The Applicant declares that:

I, _____ of the city/town of _____ do solemnly declare:
Print Name

1. I am the applicant, authorized agent (Letter of Authorization), or: _____
2. All the information and any statement contained in this application is true.

 Signature Date