



**Accommodation Establishment Information Sheet
Municipal Transient Accommodation Tax**

Legal Name of Provider: _____

Operating Name of Establishment: _____

Legal name of Property Owner: _____

Tax Roll Number: _____

Property Location: _____

Mailing Address: _____

Contact Name: _____

Contact Phone Number: _____

Contact Email: _____

Total number of available rooms for rent: _____

Business Number: _____

Average Annual occupancy rate for the previous year: _____

Average daily rates for the previous year: _____

Agent or Internet Booking Platform(s) Used: _____

Authorized by: _____ Date: _____

Important: This Form must be completed by Providers who operate accommodation establishments within the City of Temiskaming Shores and must be submitted to the City 30 days after the Establishment commences operations.

Personal information on this form is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), R.S.O. 1990, c. M.56, as amended, and will be used for the purposes of administering the City's Municipal Accommodation Tax Program in accordance with the Municipal Act, S.O. 2001, c.25, as amended. Questions about this collection should be directed to the Director of Corporate Services, szubyck@temiskamingshores.ca or 705-672-3363 ext. 4107.