



**Important:** This Accommodation Establishment Information form must be completed by Providers who operate Accommodation Establishments within the Town of Blind River and must be submitted to the Town on or before the first report due date.

It is the responsibility of the Provider to update and re-submit this form to the Town within 30 days of any changes.

<b>Legal Name of Provider:</b>		
<b>Operating Name of Establishment:</b>		
<b>Legal Name of Property Owner:</b>	<b>Tax Roll Number:</b>	
<b>Property Location:</b>		
<b>Mailing Address (if different):</b>		
<b>Contact Name:</b>	<b>Contact Phone Number:</b>	<b>Contact Email:</b>
<b>Business Number:</b>		
<b>Agent or Internet Booking Platforms:</b>		
<b>Total Number of Room in Establishment:</b>	<b>Daily Room Rate:</b>	
<b>Name:</b>	<b>Position:</b>	
<b>Authorized Signature:</b>	<b>Date:</b>	