



GOVERNMENT OF BERMUDA
Tourism Regulation and Policy Unit

Dominica Cottage | 31 Richmond Road | Pembroke HM 08 | Bermuda

E-mail: vacationrentals@gov.bm

VACATION RENTAL CERTIFICATE RENEWAL APPLICATION

Licensing Period

Owner Information

Certificate Number (s):

T

Property Owner Name (s):

Email Address:

(Working email checked frequently)

Telephone Number:

(Home)

(Cell)

Property Management or Agency Information (if applicable)

Manager or Agent Name:

Email Address:

Telephone Number:

(Work)

(Cell)

I have permission from the Property Owner to manage or act as an agent for this property: **Yes** **No**

Vacation Rental Property Information

Vacation Rental Property Address:

Assessment Number(s):

Listing Posted on Website(s):

Title of Listing:

Vacation Rental Property Modifications - Total Beds/Maximum # of guests property can accommodate, etc.



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Please check to confirm:

- To provide the proof of payment of the Vacation Rental (Application and Registration Fee) from the Accountant General.
- My unit is registered with the Tourism Regulation and Policy Unit as a Vacation Rental Property.
- To pay [directly through my vacation rental agent, or other] the 4.50% Vacation Rental Fee (based on the nightly rack rates) to the Bermuda Tourism Authority.
- To allow the Tourism Regulation and Policy Unit, Health and Fire inspectors access to the property if required by the Ministry. The Ministry reserves the right to inspect as needed.
- I understand that this form does not imply that my Vacation Rental Certificate will automatically be renewed.**
- I understand that the Ministry reserves the right to deny my application should I fail to comply with any provisions and regulations of the Vacation Rentals Act 2018.**
- I understand that operating a vacation rental property without a valid certificate is an offense and is subject to a fine not exceeding \$10,000.**

I, hereby, declare that the information I have provided is true and correct. I understand that any misrepresentation made by me or by my representative may render my application invalid.

Signed by:

Date: