



Where an applicant requests to appeal a refusal or a recommendation from the Municipal Licensing and Standards Executive Director under City of Toronto Municipal Code Chapter 575, the applicant may request a hearing before the Multi-Tenant House Licensing Tribunal (MTHLT) by filing a Notice of Appeal – Form 1 within the timeline set out in 575-2.2F(4).

The information provided on this form and any associated documents is considered an adjudicative record under Municipal Freedom of Information and Protection of Privacy Act, section 27 and is accessible to the public. This means that the form, in its entirety, may be available to the general public on request along with any evidence or other materials you provide for consideration at the hearing and anything else you provide to the MTHLT. A copy of this completed form may be posted as part of the MTHLT agenda on the City’s public website. Please keep this in mind when submitting personal information such as names and addresses to the Tribunal.

For inquiries about this collection or information submitted to the MTHLT, please contact the Tribunal Operations Manager at 416-392-5546. For questions about the form or processes, contact the MTHLT general line by telephone at 416-338-7606.

If you would like accessibility supports, accommodation and/or a different format, please contact the Accessibility Coordinator at 416-338-7606.

<b>Part 1: Applicant Information</b>			
First Name		Last Name	
<input type="checkbox"/> Check this box if First Name and Last Name do not apply to you because you have either a registered Birth Certificate or Change of Name Certificate bearing a Single Name. Provide your single name.			
Single Name			
Corporation Name or Association Name (Association must be incorporated), if applicable			
Position Title (if applicable)		Email	
Street Number	Street Name		Suite/Unit Number
City/Town		Province	Postal Code
Telephone Number		Mobile Number	

# Notice of Appeal Form 1

<b>Part 2: Representative Information (if applicable)</b>			
I hereby authorize the named lawyer, law firm, corporation and/or individual(s) to represent me			
First Name		Last Name	
<input type="checkbox"/> Check this box if First Name and Last Name do not apply to you because you have either a registered Birth Certificate or Change of Name Certificate bearing a Single Name. Provide your single name.			
Single Name			
Corporation Name or Association Name, if applicable			
Position Title (if applicable)		Email	
Street Number	Street Name		Suite/Unit Number
City/Town		Province	Postal Code
Telephone Number		Mobile Number	
<input type="checkbox"/> I certify that I have authority to act as a representative with respect to this appeal on behalf of the appellant and I understand that I may be asked to produce this authorization at any time.			

<b>Part 3: Multi-Tenant House Information</b>			
Street Number	Street Name	Postal Code	City/Town
Refusal Date (yyyy-mm-dd)		Application or Licence Number	

<b>Part 4: Appeal Specific Information</b>	
Please select the hearing format that you prefer. The default is remote. Select one only:	
Remote <input type="checkbox"/>	In Person <input type="checkbox"/>
Provide the nature, reasons, and grounds of your appeal.	

**Part 4: Appeal Specific Information (Continued)**

Empty box for appeal specific information.

# Notice of Appeal Form 1

## Part 5: Accessibility Accommodation Request (if applicable)

If you require an accommodation to participate in the appeal process, please indicate your needs.

I require the following accommodations due to a disability or accessibility needs:

Interpreter services in \_\_\_\_\_ language.

Other (please specify): \_\_\_\_\_.

Please provide any additional information or requests related to your accommodation needs:

We adhere to the Accessibility for Ontarians with Disabilities Act, 2005. For accessibility needs, contact our Accessibility Coordinator by calling 416-338-7606 or email [tribunalaccess@toronto.ca](mailto:tribunalaccess@toronto.ca).

## Part 6: Authorized Signature

Applicant Name (First, Last or Single)	Applicant Signature	Date (yyyy-mm-dd)
Representative Name (First, Last or Single - if applicable)	Representative Signature (if applicable)	Date (yyyy-mm-dd)

## Part 7: Filing Instructions

Submit the completed form and any supporting documents within the legislated time limits by one of the following methods:

Email:	Email your completed PDF form and documents to <a href="mailto:MTHLT@toronto.ca">MTHLT@toronto.ca</a> and carbon copy (cc:) the Municipal Licensing and Standards division at <a href="mailto:MultiTenantHousing@toronto.ca">MultiTenantHousing@toronto.ca</a> .
In-Person:	Submit the form and documents in person at East York Civic Centre, 850 Coxwell Avenue, Second Floor, Toronto, Ontario, M4C 5R1, between business hours 8:30am to 4:30pm.

For further information, please visit our website at [www.toronto.ca/MTHLT](http://www.toronto.ca/MTHLT)