



## Notice of Referral Form 2

In accordance with City of Toronto Municipal Code Chapter 575, Multi-Tenant Houses, section 575-2.2F, the Executive Director, Municipal Licensing and Standards (MLS) may, at any time, refer a multi-tenant house licence application or a licence to the Multi-Tenant House Licensing Tribunal (MTHLT) with a recommendation that a licence be revoked or suspended or have conditions be added to it.

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.

### Part 1: Referral Date

Date (yyyy-mm-dd)

### Part 2: Referring Municipal Licensing and Standards Staff Member Information

First Name

Last Name

☐

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

Position Title

Email

Telephone Number

Street Number

Street Name

Suite/Unit Number

City/Town

Province

Postal Code

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## Part 3: Multi-Tenant House Applicant/Operator Information

First Name		Last Name	
<input type="checkbox"/> Check this box if First Name and Last Name do not apply to the applicant or operator because they have either a registered Birth Certificate or Change of Name Certificate bearing a Single Name. Provide the 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	

## Part 4: Multi-Tenant House (MTH) Information

Street Number	Street Name	Postal Code	City/Town
MTH Type	Application or Licence Number	RSN (IBMS) Number	

## Part 5: Reasons and Recommendations for Referral

MLS is referring the application to MTHLT with a recommendation that the licence be:

☐ Revoked                      ☐ Suspended                      ☐ Conditions Added

Provide the reasons and recommendations for referral using numbered paragraphs. Identify supporting documents included.

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## Part 5: Reasons and Recommendations for Referral (Continued)

## Part 6: Hearing Format

Please select the hearing format that you prefer. The default is remote. Select one only:

☐

Remote

☐

In Person

## Part 7: Municipal Licensing and Standards (MLS) Approval

A copy of this Notice of Referral has been served to the applicant upon filing with the Tribunal.

☐

Yes

☐

No

MLS Supervisor/Manager Name  
(First, Last or Single)

MLS Supervisor/Manager Signature

Date (yyyy-mm-dd)