



**Ministry of Tourism**  
**TOURISM REGULATION AND POLICY UNIT**  
 Dominica Cottage | 31 Richmond Road | Pembroke HM 08 | Bermuda  
 E-mail: [vacationrentals@gov.bm](mailto:vacationrentals@gov.bm) | [www.gov.bm](http://www.gov.bm)

## Vacation Rental Certificate Application Form

### Owner Information

Property Owner Name(s):

Bermudian: Yes  No

Email Address:

Telephone Number:

(Home)  -  -

(Work)  -  -

(Cell)  -  -

Property Owner Full Address:

I confirm that I am the Property Owner: Yes  No

### Property Management or Agency Information (if applicable)

Company Name:

Manager or Agent Name:

Email Address:

Telephone Number:

(Home)  -  -

(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 Full Address:

Assessment Number(s):

Land Valuation Number:

Phone Number Associated with Property:  -  -

Property is (circle which applies):

1. entire house/apartment or condo; or
2. shared house/apartment or condo with other guests; or
3. shared space in an owner occupied home

Vacation Rental Fee will be collected and remitted by: Property Owner:  Property Manager:  Other: \_\_\_\_\_

Listing posted on (Website(s)):



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Title of listing:

Total # of beds:

Total # of bathrooms:

Maximum number of guests that can be accommodated on property:

Average nightly rate: \$  (BMD)

Is the Vacation Rental Unit covered under insurance? Yes  No

**Please check all that apply to your Vacation Rental Property:**

- Property is in good condition (fixtures, fittings, furniture and equipment)
- Property has fire extinguisher(s)
- Property has First Aid Kit plus Personal Protective Equipment (PPE) for each guest / family
- Each bedroom has a fire alarm or smoke detector
- Each bedroom has at least one (1) window or glass door that a guest can open
- Each bedroom has one (1) toilet for every 4 people in room [over age of 12]
- Wheelchair Accessible
- Allows Pets
- Offers breakfast
- Fresh drinking water from tap
- House Rules are provided
- Information Folder is provided (contains transportation info, emergency contact info, tourism literature)
- Telephone land line or cell phone, with current year phone book is provided
- Safety Tips flyer is available in each guest room on night stand or information folder [can be collected from the Regulation and Policy Section]
- Bermuda map, what to see and do in Bermuda literature is available in each guest room [can be collected from your nearest Visitor Information Centre]
- New guests are personally met upon arrival
- A key is left for new guest(s) upon arrival

**Please circle all that apply to your Vacation Rental Property:**

Property is equipped with:

- Bedding / bath towels / hand towels for number of guests accommodated
- TV/ Free Wi-Fi
- Pots / pans / dishes / cutlery / glasses / fridge / stove / microwave / toaster / oven
- Shampoo / hangers / hair dryer / iron / ironing board / desk or work space
- Air conditioning / heating
- Washer / Dryer
- Pool / beach access
- Twizy charging station

**Please check to confirm you agree:**

- to register with the Tourism Regulation and Policy Unit, 31 Richmond Road, Dominica Cottage, Hamilton as a Vacation Rental Property
- to pay [directly, through your vacation rental agent, or other] the 4.50% Vacation Rental Fee (based on your nightly rack rates) to the Bermuda Tourism Authority



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- to allow the Tourism Regulation and Policy Unit Health and Fire inspectors access to your property if required by the Ministry. The Ministry reserves the right to inspect as needed.
- I have read the Ministry of Health's Phase 4 COVID-19 Guidance for Tourist Accommodations in Bermuda (attached to this application for your convenience – <https://www.gov.bm/sites/default/files/Guidance%20for%20Tourist%20Accommodations%200715.pdf>).
- I understand that these guidelines must be followed and that failure to do so could result in the closure of my vacation rental unit by the Ministry of Health.

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: \_\_\_\_\_