



**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)

## RENEWAL

### Vacation Rental Certificate

**Owner Information**

Certificate Number (s):

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 guest property can accommodate, etc.

**Please check to confirm:**

- Your unit is registered with the Tourism Regulation and Policy Unit 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.
- 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 understand that this form does not imply that your vacation rental certificate will automatically be renewed. The Ministry reserves the right to deny your application should you fail to comply with any provisions and regulations of the Vacation Rentals Act 2018.

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%20200715.pdf>).



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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: \_\_\_\_\_