

**CHECKLIST: WARRANT CRITERIA FOR A B+B**

Name of facility: .....

- i). Open for registration.....hours/day for .....days/year.
- ii). Consists of ..... bedrooms.

YES NO

- iii). Bedding available.
- iv). Is the business undertaken from a private dwelling
- v). Are bathroom facilities shared with the household
- vi). Is breakfast provided
- vii). Is a brochure available
- viii) General comments: (any comments will be strictly confidential)

\_\_\_\_\_  
Signature of official

\_\_\_\_\_  
Name of Information Bureau