



BUSINESS LICENSE APPLICATION

Town of Stony Plain
4905-51 Avenue
Stony Plain, Alberta
T7Z 1Y1
Tel: (780) 963-2151
Fax: (780) 963-0935

Please visit www.bizpal.alberta.ca to determine if you require additional licenses & permits.

- | | | | |
|--|---------------------------------------|---|---|
| <input type="checkbox"/> New | <input type="checkbox"/> Resident | <input type="checkbox"/> Retail/Service | <input type="checkbox"/> Change of Address |
| <input type="checkbox"/> Renewal | <input type="checkbox"/> Non-Resident | <input type="checkbox"/> Contractor | <input type="checkbox"/> Bus. Name Change |
| <input type="checkbox"/> Tri-Municipal | | <input type="checkbox"/> Home Occupation | <input type="checkbox"/> Transfer (\$10.00) |
| | | <input type="checkbox"/> Special Services | |
| | | <input type="checkbox"/> Hawkers/Peddlers | |

Section 1	<i>Information in this section will be made available to the public to assist in marketing your business through printed directories and web directories (Town of Stony Plain website).</i>		
Legal Business Name:			Bus. Lic.#
Operating Name:			Acct. #
Business Address:			
Mailing Address:			
City:	Province:	Postal Code:	
Business Phone:	Business Fax:		
Website:	Email:		
Contact Name:	Title:		
Type of Business:	Date Started:		
Description of Product or Service:			
Duration of License (Peddlers/Hawkers only): _____ (days) Daily License Annual License			
Section 2	<i>Information in this section will not be made available to the public.</i>		
Owner(s) Name:			Position:
Owner(s) Address:			Res. Phone:
City:	Province:	Postal Code:	
Section 3	<i>Information in this section will not be made available to the public.</i>		
Provincial Business License # (AMVIC) (if applicable):			
Pre-paid Contractors Business License # (if applicable):			
Please supply my name to the Welcome Wagon			Yes <input type="checkbox"/> No <input type="checkbox"/>
Would you like your business name, address, phone number, fax number, email, website and contact name posted on the Town's online business directory?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Would like to receive the monthly business newsletter from the Town via the email address provided above?			Yes <input type="checkbox"/> No <input type="checkbox"/>

Signature: _____ Date: _____

<i>For office use only</i>			
Application Date:		Business License #	
Fees:		Development Permit #	
Receipt #		SIC	
Zoning		Rate Code	

This personal information is being collected for the Town of Stony Plain under the authority of Section 33c of the Freedom of Information and Protection of Privacy (FOIP) Act and will be used to collect information regarding Business License Application. The personal information provided will be protected in accordance with Part 2 of the Act. If you have any questions regarding the collection, use and disclosure of personal information, please contact the FOIP Coordinator at 780-963-2151.



Roll # _____

TOWN OF STONY PLAIN
LAND USE & BUILDING QUESTIONNAIRE

Shaded Area is for Town Office Use

Development/Building Permit File # _____

Development Permit Required: _____ Yes _____ No LUB District/Zoning _____

Development Officer: _____ Date: _____

Comments _____

Building Permit Required: _____ Yes _____ No Use: _____

Building Safety Codes Officer: _____ Date: _____

Comments _____

Plan _____ Block _____ Lot _____

Municipal Address: _____

I hereby acknowledge that I propose to operate a business at the address for which I am applying. I provide the following information to determine whether a development or building permit for the land and building use are required. The information provided below is correct.

Name: _____

Address: _____

Phone Number: _____ Alternate Phone: _____

Email: _____

Signature of Applicant

Date

Please answer the following questions to assist in the review of your development permit application.

1. **EXPLANATION** – Briefly describe the nature of your business (what type of business is it?)

2. Are you buying an existing business, land or buildings? _____

3. **BUILDING OR SITE IMPROVEMENTS** -- Will you be making any improvements, or renovations or tenant improvements to the building or land? If so, please describe them. _____

4. **VEHICLES/EQUIPMENT** – Will you use vehicles & equipment in the operation of your business?
Yes _____ No _____ If yes, how many and what type? _____

PARKING REQUIREMENTS – How many visitors and employee parking spaces do you anticipate being required for a usual day of business? _____

Where will it/they be parked? _____

5. **STORAGE OF MATERIALS** – Will materials and/or equipment be used in the operation of your business?
Yes _____ No _____ If yes, what are they? _____

Where will they be stored? _____

6. **DELIVERY OF GOODS** – Will goods or materials used in connection with your business be delivered to your building/property? Yes _____ No _____ If yes, what kind are they? _____

How often will goods and services be delivered? ___ Hourly / Daily /Weekly? _____

7. Certain types of businesses are required to obtain a license from the Province of Alberta. If you are unsure if your business requires provincial approval, please visit the Service Alberta website at www.servicealberta.ca.

Provincial Licensing Required? Yes _____ No _____

If so, have you obtained the applicable provincial license or started the process? Yes _____ No _____
Please provide the Town proof of your provincial license.

Thank you for your information as it assists our office to determine what permits or other processes s are required.

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Examples of businesses requiring provincial approvals/licensing:

Auctions	Employment Agency
Cemeteries	Fund-raising Businesses
Cemetery Pre-need Contract Business	Home Inspection Business
Cemetery Pre-need Contract Salesperson	Home Inspector
Charitable Organization	Marketing of Gas/Electricity
Collection Agency – Alberta	Monument Business
Collection Agency – Out of Province	Mausoleum
Collector	Payday Loan Business
Cooperative	Prepaid Contractors
Debt Repayment Agency	Retail Home Sales (mobile homes, modular homes, etc.)
Debt Repayment Agency – Out of Province	Time Share & Points-Based Contracts
Debt Repayment Agent	Travel Club
Direct Sellers (Door-to Door Sellers)	

Other Approval Agencies for particular business types:

Automotive (sales, leasing, repair & consignment sales) **Alberta Motor Vehicle Industry Council**
Website: <http://www.amvic.org/>

Funerals, Crematory, Columbarium (businesses, directors, embalmers, pre-arranged funeral plans) **Alberta Funeral Services Regulatory Board 1-800-563-4652**
Website: <http://www.afsrb.ab.ca/default.asp>

Gambling (casinos, raffles, bingos, pull tickets) **Alberta Gaming & Liquor Commission**
Website: <http://www.aglc.gov.ab.ca/>

Insurance (agents, brokers & adjusters) **Alberta Insurance Council**
Website: <https://www.abcouncil.ab.ca/>

Real Estate (agents, brokers, mortgage brokers, property managers) **Reals Estate Council of Alberta**
Website: <http://www.reca.ca/>

AGLC - Alberta Gaming, Liquor and Cannabis Commission
Website <http://aglc.ca/>

Alberta Health (personal services, restaurants, etc.)
Website: <http://www.health.alberta.ca/>



4905 51 Avenue
Stony Plain AB T7Z 1Y1
Ph: 780-963-8598
Fax: 780-963-0935
Email: planning@stonyplain.com

LANDOWNER/HOMEOWNER CONSENT FORM (Regarding permits in all disciplines)

Type of Permit Required

Development Building Electrical Gas Plumbing Signage Business License

Landowner Name: _____

Contact: _____

Address: _____

Town/City & Postal Code: _____

Phone No.: _____ Fax No.: _____

Email: _____

LOCATION OF PERMIT REQUIREMENT:

Street Address: _____

Legal Land Description: _____

THIS LETTER AUTHORIZES THE FOLLOWING TO MAKE APPLICATION FOR THE
REQUIRED PERMIT(S) AS NOTED ABOVE:

Name of Company or Individual: _____

Address & Postal Code: _____

Phone No.: _____ Fax No.: _____

Email: _____

*In the case of a signage permit, please indicate the time frame that the signage may be placed
at the above noted address: _____*

*We reserve the right to have the sign removed within a _____ notice.
(number of days or months)*

THE SIGN WILL BE PROVIDED BY:

Name of sign company: _____

Address & Postal Code: _____

Phone No.: _____ Fax No.: _____

THIS CONSENT WILL REMAIN VALID UNTIL: _____

Signature of Landowner: _____ Date: _____

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