



## 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](http://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/Peddlars |   |

<b>Section 1</b>	<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 ( <b>Peddlars/Hawkers only</b> ): _____ (days)      Daily License      Annual License			
<b>Section 2</b>	<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:
<b>Section 3</b>	<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>			
<b>Application Date:</b>		<b>Business License #</b>	
<b>Fees:</b>		<b>Development Permit #</b>	
<b>Receipt #</b>		<b>SIC</b>	
<b>Zoning</b>		<b>Rate Code</b>	
<b>Tax Roll #</b>			

*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](http://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.) – 780-342-1380  
Website: <http://www.health.alberta.ca/>



4905 51 Avenue  
 Stony Plain, Alberta T7Z 1Y1  
 Phone: (780) 963-8598  
 Fax: (780) 963-0935  
 Email: [planning@stonyplain.com](mailto:planning@stonyplain.com)

## LANDOWNER CONSENT FORM

TAX ROLL #	LAND USE DISTRICT
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**SECTION 1 LOCATION OF PROPERTY AFFECTED BY PERMITS/LICENSES**

MUNICIPAL ADDRESS :	PLAN:	BLOCK:	LOT:
LONG LEGAL (if applicable) :			

**SECTION 2 REGISTERED LANDOWNER OF PROPERTY**

LANDOWNER:	ADDRESS:		
CITY:	PROV:	P/C:	
EMAIL:	PHONE:	CELL:	FAX:

**SECTION 3 COMPANY/PERSON GIVEN AUTHORIZATION TO MAKE APPLICATION TO OBTAIN PERMITS ON THE LAND IN SECTION 1**

COMPANY/INDIVIDUAL NAME:	ADDRESS:		
CITY:	PROV:	P/C:	
EMAIL:	PHONE:	CELL:	FAX:

**SECTION 4 COMPLETE THIS SECTION FOR PORTABLE SIGN PERMITS ONLY**

We reserve the right to have the sign removed within \_\_\_\_\_ days notice.

The portable sign may be place on the property noted in Section 1 for a maximum of: \_\_\_\_\_  days  months  years

*I, as the registered landowner or authorized representative of the registered landowner, give the company or individual noted in Section 3 above permission to apply for the following permit(s) for the land indicated in Section 1.*

<input type="checkbox"/> Development Permit	<input type="checkbox"/> Building Permit	<input type="checkbox"/> Development Permit for a Sign
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**DESCRIPTION OF THE WORK AUTHORIZED WITHIN THE PERMIT(S)** (example: tenant improvements, home occupation, basement development, etc.)

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**Consent will remain valid until (provide end date):**

<b>DATE:</b>	<b>NAME:</b>	<b>SIGNATURE:</b>
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