



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/Peddlars | |

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 (Peddlars/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	
Tax Roll #			

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.



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

HOME OCCUPATION QUESTIONNAIRE

TAX ROLL #	LAND USE DISTRICT
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MUNICIPAL ADDRESS :	PLAN:	BLOCK:	LOT:
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LONG LEGAL (if applicable) :

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 development and building permits are required for the proposed use of the land and building. The information below is correct.

APPLICANT:	ADDRESS:
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CITY:	PROV:	P/C:
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EMAIL:	PHONE:	CELL:
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APPLICANT'S FILE NUMBER:	
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DATE:	NAME:	SIGNATURE:
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Please answer the following questions to assist in the review of your proposed home-based business.

1. TYPE OF BUSINESS - Check any of the boxes that apply to the operations of your business

Office only
 On-line Sales only
 Sales
 Personal Service (stylist, aesthetics, massage, etc)
 Mobile Service only
 Artisan (woodworking, crafts, painting)
 Educational/Training (tutoring, lessons, etc)
 Other _____

2. DESCRIPTION OF BUSINESS - Briefly describe the nature of your business below

3. PRODUCTION OF FINISHED GOODS & USE OF TOOLS, EQUIPMENT AND MATERIAL ON-SITE

Does the business include the production of finished goods on-site? yes no

What type of tools, equipment and material are used in the production of the finished goods? *Please list below.*

If yes, during which hours of the day do you operate tools and equipment? From _____ to _____

Which days of the week do you operate tools and equipment? _____

4. CLIENTS Do clients attend the residence? yes no

Average # of daily client visits? _____ Average # of weekly client visits? _____ Maximum clients at one time? _____

5. EMPLOYEES Does the business have employees that **do not** live on the property? yes no

Number of non-resident employees? _____ Do the employees attend the residence? yes no

6. OFF-SITE JOB SITES (jobsites away from the residence)

Does your business involve providing services or working at a job site? yes no
 Are materials and equipment delivered directly at the job site? yes no

7. DELIVERIES (to and from the residence) Do couriers attend the residence? yes no

Average # of daily courier visits? _____ Average # of weekly courier visits? _____ During which hours? _____

8. BUSINESS HOURS

Hours of operation: From _____ to _____ Which days of the week? _____

9. PARKING AVAILABILITY – ON-SITE (Note that on-street parking is public parking and is not included in the parking calculation)

How many on-site parking stalls do you have, including those available in a garage?
 Where will your clients park? _____

10. STORAGE OF VEHICLES, EQUIPMENT TOOLS & MATERIALS – Will you use vehicles & equipment in the operation of the business?

Types of vehicles, equipment & materials	How many, type, weight, class, size, volume?	Where is it parked or stored?
a) Personal vehicles		
b) Company vehicles		
c) Equipment		
d) Trailers/utility trailers?		
e) Tools		
f) Material (including chemicals, fuels, etc)?		

11. BUSINESS AREA - What part of the property will the business operate from?

Room in principal dwelling Attached garage Accessory building

What is the total area of all buildings on the property? _____ m²
 What is the area in square metres of the space used for the operation of the business? _____ m²
 What percentage of the gross floor area of the buildings on the site will be used for the operation of the business? _____ %
 Will there be renovations to accommodate the business? yes no

12. ADVERTISING – Will you be placing a sign on the property for advertising your business? yes no

The maximum area allowed for a home occupation sign is 0.30 m². The sign must be place in a window or against the dwelling.

13. Are there other Home Occupations operating from this property? yes no

14. Is there a Family Day Home operating on this property? yes no

15. Is there a Secondary Suite on this property? yes no

16. PROVINCIAL/FEDERAL LICENSING REQUIREMENTS – Your business may require approvals and licensing from other agencies.
Contact Alberta Health Services at 780-342-1380 – personal services (massage, aesthetics, etc) & food services

Development Authority Review	Date:
Home Occupation <input type="checkbox"/> Minor <input type="checkbox"/> Major	Development permit required: <input type="checkbox"/> yes <input type="checkbox"/> no
Comments:	
Further review will be required if the nature or intensity of the business changes.	
Development Officer Name:	Signature:
Building Safety Codes Officer Review	Date:
Building permit required: <input type="checkbox"/> yes <input type="checkbox"/> no	
Comments:	
Building Safety Codes Officer Name:	Signature:
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