



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.



Roll # _____

HOME OCCUPATION 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: _____

Address/Location of Business: _____

I hereby acknowledge that I reside at the address for which I am applying for a home occupation development permit, and that the information provided below is correct.

Name: _____ Type of Business: _____

Mailing Address: _____

Phone Number: _____ Alternate Phone: _____

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:

2. **EMPLOYEES** – Are you the sole employee? Yes, full-time _____ Yes, part-time _____ No _____
If no, explain _____

EMPLOYEES (con't) Do employees attend the residence? Yes _____ No _____
If yes, how many? _____ During which hours? _____

3. **CUSTOMERS** – Will you have customers coming to your residence? Yes _____ No _____
If yes, how many during the average day? _____ During which hours? _____
How many at one time? _____ Where will they park? _____

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

Where will they be stored? _____

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

6. **OFF RESIDENCE JOB SITES** – Will your business involve providing goods or services at a site(s) away from your residence? Yes _____ No _____

How often will goods and services be delivered (number of trips to and from the residence)? _____

Per Day _____ During which hours _____ Days per Week _____

7. **VEHICLES** – Will you use vehicles(s) in the operation of your business? Yes _____ No _____
If yes, how many and what type? _____

Where will it (they) be parked? _____

8. **RESIDENCE USE FOR BUSINESS** – If you are not the owner of the residence, or if you reside in a condominium, a letter from the registered owner or condominium association is required, giving you authorization to use the residence for the stated business purposes.

What part of the house will be used for business purposes? _____

Are room alterations involved? Yes _____ No _____ If yes, please explain _____

9. **IS THERE AN EXISTING BUSINESS IN THE RESIDENCE?** Yes _____ No _____

If yes, what type of business? _____

10. IS THERE A SECONDARY SUITE LOCATED ON THE PROPERTY? Yes _____ No _____

OTHER APPROVAL AGENCY MAY BE REQUIRED:

Contact – Alberta Health at 780-342-1380