

# APPLICATION FOR HOME / OFFICE OCCUPATION DEVELOPMENT PERMIT

Land Use Bylaw #2022-04 & Business License Bylaw #2018-15

Town of Wainwright  
1018 - 2 Avenue  
Wainwright, AB T9W 1R1  
780-842-3381



APPLICANT: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY/TOWN: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

ADDRESS OF HOME OCCUPATION / OFFICE: \_\_\_\_\_

LEGAL DESCRIPTION: LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_ PLAN: \_\_\_\_\_ LAND USE DISTRICT: \_\_\_\_\_

REGISTERED OWNER OF PROPERTY (ATTACH WRITTEN PERMISSION FROM REGISTERED OWNER IF DIFFERENT THAN APPLICANT):  
\_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

DESCRIBE WHAT THE BUSINESS FUNCTION WILL BE: \_\_\_\_\_

## APPLICANT SIGNATURE

### PLEASE COMPLETE FORM ON REVERSE

Any approval that may be granted is conditional upon the information provided in this application being correct. Every Home Occupation is subject to review annually and if at any time, it is determined that the Home Occupation is not being conducted in accordance with the provisions of the Land Use Bylaw, or as described in this application, the license may be revoked.

By submitting this application, I hereby certify that the information given on this form is complete and is, to the best of my knowledge, a true statement of the facts relating to this application for development approval.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## OFFICE USE ONLY

APPLICATION TO MUNICIPAL PLANNING COMMISSION: DATE: \_\_\_\_\_ FEE: \$ \_\_\_\_\_

PERMIT NUMBER: \_\_\_\_\_ DATE OF ISSUE: \_\_\_\_\_ ISSUED BY: \_\_\_\_\_ FEE: \$ \_\_\_\_\_

This permit is issued with following conditions attached:

- This permit does not come into effect until 21 days after the date that the notice of issuance is posted in the town.
- The development is in accordance with Land Use Bylaw 2021-15 and any approved plans and specifications.
- A person claiming to be affected by the issuance of this permit may file an appeal within 14 days after issuance and should such an appeal be received; this permit shall become void.
- This permit is valid for a period of 6 months from the date of issue after which it shall expire and become null and void if the home occupation has not commenced operation.
- The personal information contained in this application is being collected under the authority of the Town of Wainwright Land Use Bylaw # 2021-15 and will be used for the purpose of determining eligibility for a Home Occupation permit and for the enforcement of applicable laws. This information may be circulated to persons or authorities as necessary for the review process. If you have any questions regarding the collection of this information, contact the FOIP Coordinator at the Town of Wainwright.

CONDITIONS / COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

What type of work will be done on the premises? \_\_\_\_\_

Where will it be done? \_\_\_\_\_

Are there any employees other than the immediate family members who will be working in the residence?

Yes      No      If yes, how many? \_\_\_\_\_

What will be the hours of operation for the business? \_\_\_\_\_

Will the business operate on weekends?                      Yes      No

Will there be clients coming to the residence?                      Yes      No

If yes, how many? How often? \_\_\_\_\_

Will a business sign be displayed on the premises?                      Yes      No

If yes, what is the sign size and where will it be located? \_\_\_\_\_

How many off street parking stalls? List size/type of vehicles and trailers that will be used for the business:

Where will these vehicles be stored or parked? \_\_\_\_\_

Will there be any storage of materials, goods and equipment outside the residence?                      Yes      No

If yes, what will be stored? Where will it be stored? \_\_\_\_\_

Will there be any fixed display of goods upon the premises?                      Yes      No

Will the business require that deliveries be made to the residence?                      Yes      No

If yes, what type (courier, transport, delivery, etc.)? How often? \_\_\_\_\_

Will there be any flammable or hazardous materials on the premises as a result of the type of business you propose to operate (solvents, paint thinners, special cleaners etc.)?                      Yes      No

If yes, list all materials(s), how much will be kept on site, and how will it be kept? \_\_\_\_\_

Will there be any external indication to the surrounding residents that the business is operating out of the residence (noise, vibration, smoke, dust, odors, heat, glare, electrical or radio disturbance)?

Yes      No      If yes, provide details: \_\_\_\_\_

Will there be any variation to the external appearance of the building?

Yes      No      If yes, describe the variance: \_\_\_\_\_

# 2024 BUSINESS LICENSE APPLICATION FORM

Business License Bylaw #2018-15

Town of Wainwright  
1018 - 2 Avenue  
Wainwright, AB T9W 1R1  
780-842-3381



## THIS FORM MUST BE SUBMITTED WITH YOUR PAYMENT

PLEASE FILL IN THE FOLLOWING INFORMATION, SIGN AND RETURN WITH YOUR BUSINESS LICENSE PAYMENT IN ORDER THAT WE MAY ISSUE YOU YOUR BUSINESS LICENSE AND EFFECTIVELY UPDATE OUR BUSINESS DATABASE.

BUSINESS NAME: (known as): \_\_\_\_\_

TYPE OF BUSINESS:      IN TOWN - COMMERCIAL      IN TOWN - HOME BASED      OUT OF TOWN      WEEKLY  
(CHOOSE ONE)

BUSINESS ACTIVITIES BEING APPLIED FOR: (This is what will be published as your business description and searchable on our online business directory):  
\_\_\_\_\_  
\_\_\_\_\_

BUSINESS LOCATION ADDRESS: \_\_\_\_\_

BUSINESS MAILING ADDRESS: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ ADDITIONAL PHONE: \_\_\_\_\_

WEBSITE ADDRESS: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ CONTACT PHONE: \_\_\_\_\_

NUMBER OF EMPLOYEES (FULL TIME AND FULL TIME EQUIVALENT): \_\_\_\_\_  
TOTAL NUMBER OF PART TIME HOURS PER WEEK DIVIDED BY 40 EQUALS FULL TIME EQUIVALENT

PROVINCIAL BUSINESS LICENSE NO. (IF APPLICABLE): \_\_\_\_\_ YEAR BUSINESS CREATED: \_\_\_\_\_

**YOUR BUSINESS WILL AUTOMATICALLY BE ADDED TO THE BUSINESS DIRECTORY AT [WWW.WAINWRIGHT.CA](http://WWW.WAINWRIGHT.CA) AND WILL RECEIVE BUSINESS RELATED INFORMATION FROM THE TOWN OF WAINWRIGHT, IF YOU DO NOT WISH TO BE INCLUDED, PLEASE SPECIFY.**

NO, I DO NOT WANT TO RECEIVE BUSINESS RELATED INFORMATION AND HAVE MY BUSINESS PUBLISHED IN THE TOWN OF WAINWRIGHT WEBSITE BUSINESS DIRECTORY.

### APPLICANT SIGNATURE

I hereby apply for a business license to operate the above-named business at the above-mentioned property in the Town of Wainwright. The information given on this form is complete and is, to the best of my knowledge, a true statement of the facts relating to this application for approval.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### OFFICE USE ONLY

BUSINESS LICENSE NUMBER: \_\_\_\_\_ AMOUNT PAID: \$ \_\_\_\_\_

DEVELOPMENT AUTHORITY SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CONDITIONS / COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_