

APPLICATION FOR HOME OCCUPATION DEVELOPMENT PERMIT

Land Use Bylaw #2009-02
Business License Bylaw #92-11



Applicant (must live in the residence being used for the business): _____

Mailing Address: _____ Postal Code: _____

Address of Home Occupation: _____ Phone: _____

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 businesses function will be _____

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.

I hereby certify that the information in this application is true and correct and that I will abide by the provisions of the Land Use Bylaw and any conditions imposed in the operation of the Home Occupation if approved.

The personal information contained in this application is being collected under the authority of the Town of Wainwright Land Use Bylaw #2009-02 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.

Signature: _____ Date: _____

OFFICE USE ONLY

Application to Municiple Planning Commission Date: _____ Fee: _____

Permit Number: _____ Date of Issue: _____ Issued By: _____ Fee: _____

This permit is issued with the following conditions attached:

- This permit does not come into effect until 15 days after the date that the notice of issuance:
 is posted in the town office or appears in a local newspaper
- Any person claiming to be affected by the issuance of this permit may file an appeal within 14 days after the notice of issuance is given and should such an appeal be received, this permit shall become null and 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.

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 do you have? _____

List all types and size of vehicles, trailers etc. 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 (i.e. courier, transport truck) and 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, what is/are the material(s), how much will be kept on the premises and how will it be stored?

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

_____ Yes _____ No

If yes, please provide details: _____

Will there be any variation to the external appearance of the building? _____ Yes _____ No

If yes, describe the variance _____



2018 Wainwright Business License Application Form

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) _____

Legal Name (if Different): _____

Type of Business: In Town Commercial Home Based Out of Town Weekly

Business Activities being applied for: (this is what will also be published as your business description and searchable on our online business directory)

Business Location Address: _____

Business Mailing Address: _____

Town: _____ Postal Code: _____

Phone Number: _____ Additional Phone #: _____

Fax Number: _____ Email Address: _____

Website Address: _____

Contact Name: _____ Phone Number: _____

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 Number (if applicable): _____ Year Business created: _____

Your business will automatically be added to the Business Directory at 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.

I hereby apply for a Business License to operate the above named business in the Town of Wainwright.

Date: _____ Signature: _____ Amount Paid: _____

Development Officer Authorization Signature: _____ Date: _____

OFFICE USE ONLY – Business License Number: _____