

# 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 \_\_\_\_\_

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## PLEASE COMPLETE FORM ON REVERSE

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**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: \_\_\_\_\_

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## OFFICE USE ONLY

Application to Municipality 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 \_\_\_\_\_



## 2017 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](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.

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:** \_\_\_\_\_