

Development Permit Application

Applicant/Business Name

Address: 4518-3585

Lot: 62 Block: 9 Plan: 80 B07482

Tax Roll # 12025313000 Land Use District: R1

PERMITTED Or DISCRETIONARY Application Fee: \$ 350⁰⁰

Invoice/Receipt # 756593 Method of Payment: Debit

DP Application # 23-3401

DP # _____

NOD Issued Date: _____ APPROVED or REFUSED

Development Officer Signature: _____

Your personal information will be collected under the authority of Section 25 of the *Local Authority Freedom of Information and Protection of Privacy Act*. Information will only be used to administer the Business Licence application. If you have any questions about the collection please contact the Office of the City Clerk at 780-875-6184 or email cityclerk@lloydminster.ca.

Business Licence Application

BUSINESS LICENCE TYPE

The following questions will be used to determine the type of business licence you are applying for.

Will your business be located within the City of Lloydminster? *

Yes

No

Which of the following apply to your business? * 

Child Care Facility

Not-for-Profit

Farmers Market

Mobile Vendor

Pop Up Store

Professional

Youth Entrepreneur

None of the above

PLEASE TELL US ABOUT YOUR BUSINESS

Please describe your business activity *

Salon

What industry does your company fall under:

*

54- Professional, Scientific and Technical Services

Business Licence Application

BUSINESS CIVIC/OPERATING ADDRESS

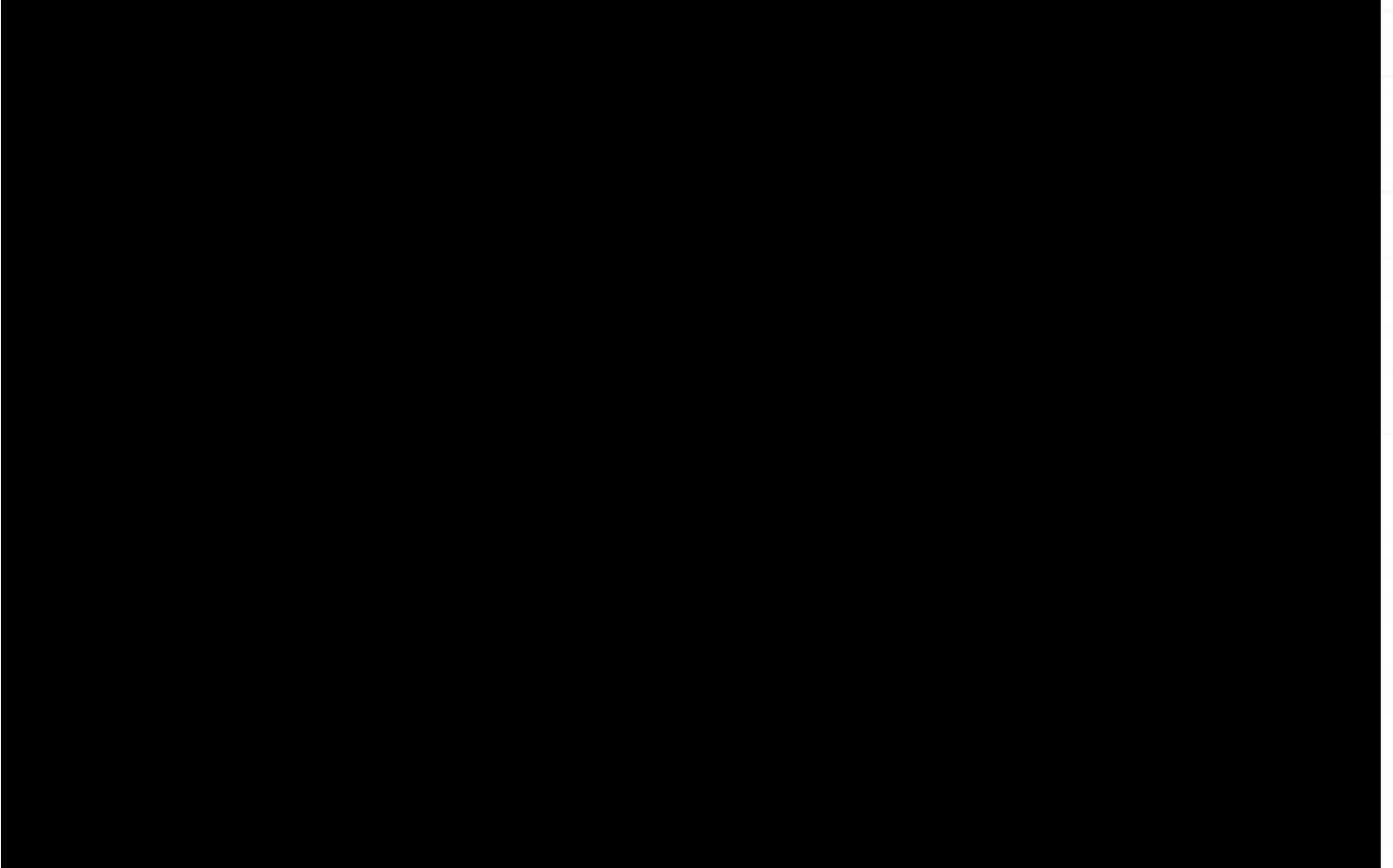
Is your business incorporated? *

No

Yes

First Name *

Last Name *



Is this address a residential property in Lloydminster? *

Yes

No

Does the business have multiple physical locations in the City of Lloydminster? *

Yes

No

BUSINESS MAILING ADDRESS

Is the mailing address the same as the physical address? *

Yes

No

OTHER INFORMATION

Business Start Date *

1/1/2023



How long has your company been in business (Years)? *

0

Number of Full Time Employees (including owner): *

1

Number of Part Time Employees: *

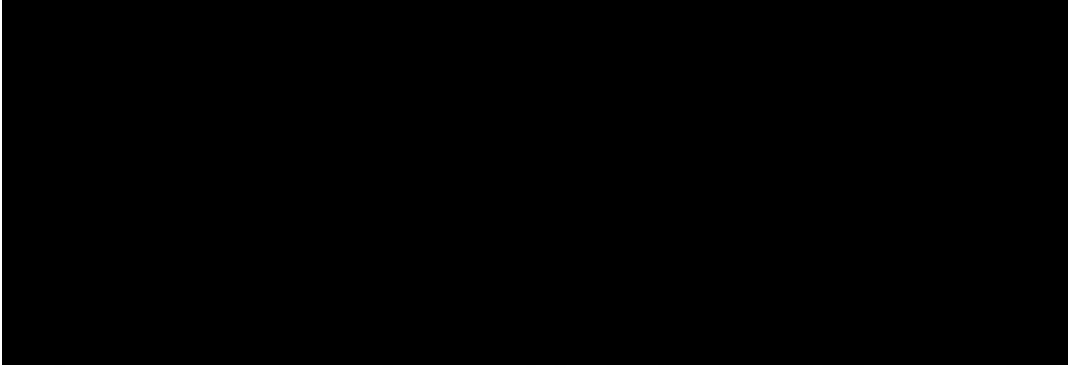
0

What is the square footage of the business? *

80

Business Licence Application

CONTACT INFORMATION



Business Licence Application

Development Permit Application

A Development Permit is required when the proposed use has never been approved or has expired at a specific address. All uses must comply with district regulations in Land Use Bylaw 5-2016 being the bylaw to regulate the use and enjoyment of the lands in the City.

Have you applied for a Development Permit? *

Yes

No

Business Activity/Description * ?

Other

Please describe your business activity *

Salon

PROPERTY OWNERSHIP

Is the address previously provided your primary residence? *

Yes

No

Are you the registered property owner or land owner? *

Yes

No

Is the property part of condo association? *

Yes

No

Is the property/land owned by a corporation? *

Yes

No

Will the property be used for the exchange or sale of goods and services? *

Yes

No

Are there any other businesses operating at this address? *

Yes

No

Is there a secondary suite/rental unit on this property/land? *

Yes

No

Does the proposed business occupy greater than 15% of the home-floor space (including the basement)? *

Yes

No

GENERAL BUSINESS

What days of the week will your business operate? (Please select all that apply) *

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Hours of Operation - Business Open Time *

10:30 AM



Hours of Operation - Business Close Time *

08:30 PM



How many clients/customers per week will be coming into your property? *

10

Since more than 7 Clients/Customers per week will be coming to your home, you will require further evaluation with the Development Permit authority. Someone from the City of Lloydminster will contact you.

Is this dwelling in a Cul de Sac? *

Yes

No

Will you be erecting a sign for your office or business on your property? *

Yes

No

BUSINESS OPERATIONS

Will your business operations be visible from the street or neighbouring properties? *

Yes

No

Will your business be storing materials on the property? *

Yes

No

Will your business generate noise, vibration, smoke, dust, odour, heat or glare? *

Yes

No

Will you be using any large equipment or machinery to support your business beyond office/administrative? *

Yes

No

Besides your own personal vehicle, how many additional vehicles would be utilized by the business? *

0

Does this Business Support any of the following (select all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Adult Entertainment | <input type="checkbox"/> Dating or Escort Services |
| <input type="checkbox"/> Fleet Services | <input type="checkbox"/> Automotive Service or Repairs |
| <input type="checkbox"/> Industrial or Recreational Vehicle Sales, Rentals, storage, service, or repairs | <input type="checkbox"/> Any Industrial Use including salvaging, recycling, warehousing |
| <input type="checkbox"/> Use of Commercial Power Tools, machinery requiring any external venting, vacuums, blowers or exhaust ports | <input type="checkbox"/> Storage of hazardous, noxious or dangerous goods |
| <input type="checkbox"/> Animal breeding or overnight kenneling | <input type="checkbox"/> Radio Transmission equipment |
| <input type="checkbox"/> Sale, storage or service of firearms, fireworks or ammunition | <input type="checkbox"/> Cannabis production, distribution, sales, or lounge |

How many off street parking stalls are you providing? *

2

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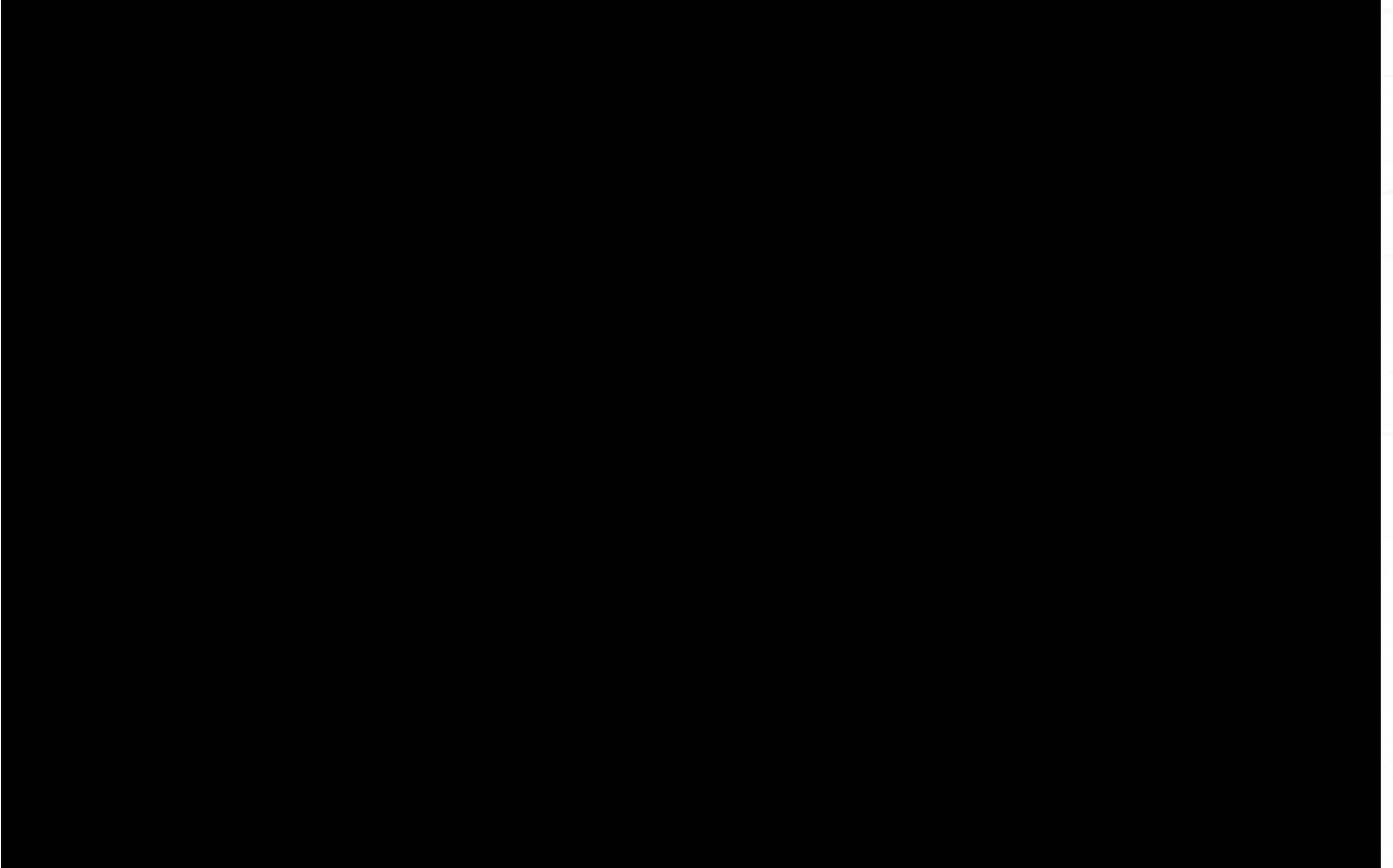
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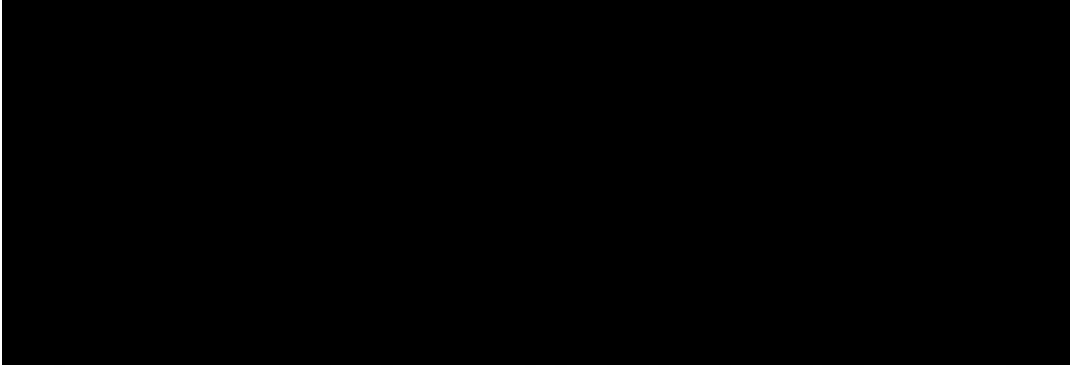
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