

# Development Permit Application

Applicant/Business Name: \_\_\_\_\_

Address: 4605-46 ST

Lot: 15-16 Block: 23 Plan: B 1127

Tax Roll # 11010330000 Land Use District: R1

PERMITTED Or DISCRETIONARY Application Fee: \$ 350<sup>00</sup>

Invoice/Receipt # 808121 Method of Payment: VISA

DP Application # 23-3711

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](mailto: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 \***

Massage Therapy

**What industry does your company fall under:**

\*

62- Health Care and Social Assistance

# Business Licence Application

## BUSINESS CIVIC/OPERATING ADDRESS

Is your business incorporated? \*

No

Yes

First Name \*

Last Name \*

[Redacted Name Fields]

Align Massage Therapy

Operating Address: \*

4605 46 street

City: \*

Lloydminster

Province/State: \*

SK

Postal Code: \*

Email: \*

[Redacted Postal Code and Email Fields]

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 \*

8/1/2023



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? \*

1400

# 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 \* ?**

Massage Services

### 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 \***

08:00 AM



**Hours of Operation - Business Close Time \***

08:00 PM



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

15

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 be storing materials on the property? \***

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? \***

0



September 5, 2023

Property Owner

**RE: Landowner Notification  
Development Permit – Discretionary Use  
Development Permit Application No: 23-3711**

Dear Property Owner:

Please take notice that a neighbor who is within a thirty (30) metre radius of your property boundary has submitted the following Development Permit Application for the purposes of a **Home-Based Business: Major – Massage Therapy** at **4605 – 46 Street** and it is being reviewed in accordance with Land Use Bylaw 5-2016.

| Affected Address                                       | Discretionary Use                             | Application # |
|--|---|---------------|
| 4605 – 46 Street<br>Lot: 15-16, Block: 23, Plan: B1127 | Home Based Business: Major<br>Massage Therapy | 23-3711       |

The City of Lloydminster’s Land Use Bylaw 5-2016 grants the Development Officer the authority to consider the proposed use on this application. Any person that objects to the use may deliver to the Development Officer a written statement of their objections within fourteen (14) days of this letter indicating:

- Full name and address; and,
- Reasons for objection(s) to the proposed use.

**Please note that a full name and address are required for submission of valid comment(s). If the submission is not accompanied by this information the written statement may be deemed invalid and rejected.**

Written comments and general inquiries on the proposed use may be submitted by contacting:

Roxanne Shortt  
City Operations Centre (6623 – 52 Street)  
Phone: 780-874-3700 Ext 2608  
Email: [rshortt@lloydminster.ca](mailto:rshortt@lloydminster.ca)

Additional information about the application can also be viewed on the City of Lloydminster website at:

[www.lloydminster.ca/en/your-city-hall/permits](http://www.lloydminster.ca/en/your-city-hall/permits)

*To locate the information search under the Discretionary Permit option and then by select the application number you wish to review.*

If you have any questions, or require any clarification, please contact the undersigned at (780) 874-3700 or by email at [rshortt@lloydminster.ca](mailto:rshortt@lloydminster.ca).

Sincerely,  
City of Lloydminster



Roxanne Shortt  
Development Officer, Planning  
Operations Centre