

Business Licence Application

CONTACT INFORMATION

Name: *

Lynsi Wipf

Position/Title: *

Childcare Director

Phone Number: *

(639) 840-0439

Email: *

lynsi.wipf@outlook.com

Development Permit Application

Applicant/Business Name: _____

Address: _____

Lot: _____

Block: _____

Plan: _____

Tax Roll # _____

Land Use District: _____

PERMITTED Or DISCRETIONARY

Application Fee: _____

Invoice/Receipt # _____

Method of Payment: _____

DP Application # _____

DP # _____

NOD Issued Date: _____

APPROVED

or

REFUSED

Development Officer Signature: _____

HB-B-MAJOR-Childcare

3711-37 ST

6

78

852-1247

22150354000

R1

\$480.⁰⁰

898875

VISA

24-4262

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 *

Providing care for children and supplying developmentally appropriate materials and activities

What industry does your company fall under: *

61- Educational Services

Does your business sell any of these products? (Check all that apply)

Tobacco/Flavoured, Vapour Products Retailer

Cannabis Retailer

Business Licence Application

BUSINESS CIVIC/OPERATING ADDRESS

Is your business incorporated? *

No

Yes

First Name *

Last Name *

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Operating Address: *

City: *

Province/State: *

5711 37 st

Lloydminster

AB

Postal Code: *

Email: *

<input type="text"/>	<input type="text"/>
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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 *

8/1/2024



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

0

Number of Full Time Employees (including owner): *

1

Number of Part Time Employees: *

3

What is the square footage of the business? *

1359

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 * 

Child Care Services

PROPERTY OWNERSHIP

Is the address previously provided your primary residence? *

Yes

No

Are you the registered property owner or land owner? *

Yes

No

Do you have the property/land owner approval? *

Yes

No

Please upload Landowner approval document

File Name



Owner Auth copy.pdf

248.9 KB

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 *

06:00 AM



Hours of Operation - Business Close Time *

07:00 PM



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

6

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

Please describe intended signage *

Decal on window saying "Oasis Learning"

Please complete the remainder of the form. A member of the City of Lloydminster will contact you regarding the approval process.

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

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):

Adult Entertainment

Dating or Escort Services

Fleet Services

Automotive Service or Repairs

Industrial or Recreational Vehicle Sales, Rentals, storage, service, or repairs

Any Industrial Use including salvaging, recycling, warehousing

Use of Commercial Power Tools, machinery requiring any external venting, vacuums, blowers or exhaust ports

Storage of hazardous, noxious or dangerous goods

Animal breeding or overnight kenneling

Radio Transmission equipment

Sale, storage or service of firearms, fireworks or ammunition

Cannabis production, distribution, sales, or lounge

How many off street parking stalls are you providing? *

0

there are 6 stalls



June 17, 2024

Property Owner

**RE: Landowner Notification
Development Permit – Discretionary Use
Development Permit Application No: 24-4262**

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 (Child Care)** at **5711 – 37 Street** and it is being reviewed in accordance with Land Use Bylaw 5-2016.

Affected Address	Discretionary Use	Application #
5711 – 37 Street Lot: 6, Block: 78, Plan: 852-1247	Home Based Business: Major (Child Care)	24-4262

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

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

www.lloydminster.ca/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.

Sincerely,
City of Lloydminster



**Roxanne Shortt
Development Officer, Planning
Operations Centre**