

Development Permit Application

Applicant/Business Name: _____

Address: _____

3806 - 65 Avenue

Lot: _____

3

Block: _____

6

Plan: _____

982-5830

Tax Roll # _____

22168240000

Land Use District: _____

R1

PERMITTED

Or

DISCRETIONARY

Application Fee: _____

\$480⁰⁰

Invoice/Receipt # _____

1020290

Method of Payment: _____

C.C.

HBB - Major MASSAGE therapy

DP Application # _____

25-4955

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 *

HOME-MOBILE MASSAGE THERAPY

What industry does your company fall under: *

62- Health Care and Social Assistance

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

Legal/Corporate Name *

[REDACTED]

Operating/Trade Name (if different from above):

PHILCAN MASSAGE THERAPIST

Operating Address: *

[REDACTED]

City: *

Lloydminster

Province/State: *

AB

Postal Code: *

T9V 2W6

Email: *

[REDACTED]

Phone Number: *

[REDACTED]

Fax Number:

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 *

6/1/2025



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? *

190

Does your building/place of business have any of the following fire protection or door access outlined below? Check those that apply.

- ☐ A fire alarm system whose control features, including those for emergency voice communication systems, that is located behind a locked panel
- ☐ A fire alarm system in which manually operated devices require a key or device in order to be reset
- ☒ A fire alarm system in which the electrical circuit breaker is located within a locked panel or room
- ☐ An automatic sprinkler system in which the main control valve is locked in the open position
- ☐ An automatic sprinkler system in which the main control valve is located within a locked room or enclosure
- ☐ Firefighting standpipe and water supply connections that are in a locked room or area
- ☐ A key operated elevator control feature that will permit exclusive use of elevators by firefighting personnel
- ☐ A key operated elevator control feature that will switch selected elevators to operate on emergency power
- ☐ Locked access doors to a roof provided for firefighting purposes

Business Licence Application

CONTACT INFORMATION

A large black rectangular box redacting the contact information section of the form.

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

Do you propose to have any Business Related freight or delivery? *

☐ Yes

☒ No

Business Licence Application

CITY BUSINESS DIRECTORY

The **FREE** online Business Directory provides area visitors and residents with a data base of local organizations. This directory can be found on the City of Lloydminster website at lloydminster.ca/BusinessLicence.

Would you like your business to be featured on this FREE directory? *

- ☒ Yes, I consent to the directory
☐ No, I do not consent to the directory

Publish Internet Information *

- ☒ OPT IN ☐ OPT OUT

Publish Address Information *

- ☐ OPT IN ☒ OPT OUT

Would you like a paperless billing for your business licence invoice? *

- ☒ Yes
☐ No

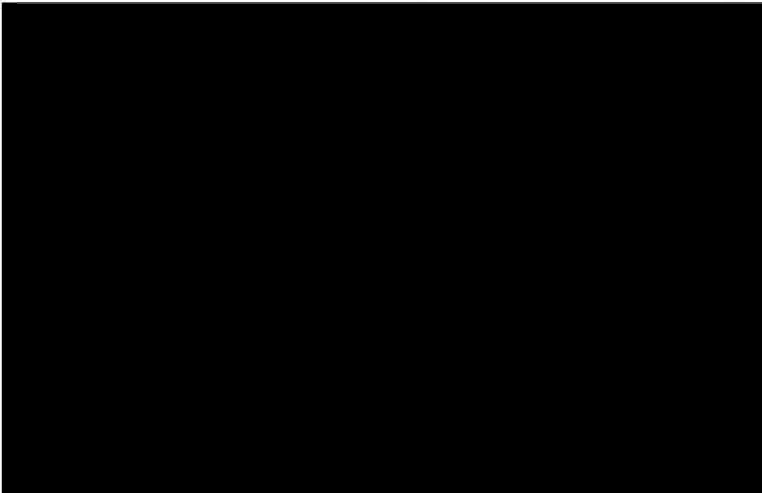
Please provide email address for paperless billing: *

sherlymacliing@yahoo.ca

I hereby certify that the information contained in this application to be true and submit the application for the City of Lloydminster's consideration under Bylaw 26-2023

I am aware the a business licence is only valid for the address and business owner on the application. The City of Lloydminster must be notified any changes to location, ownership, or use.

Applicant Name (First and Last): *



Position: *

Massage therapist

Date: *

5/14/2025



Home Office/Occupation Questionnaire Application for Development Permit



LLOYDMINSTER

Part 2 – Clarification

Office Use Only

DP # _____

1. In the space below please provide further clarification to any questions that were answered "YES" to on page 1

1) Yes. To do clients Intake forms and payments.
9) Yes, To perform manual massage in person.
12) Yes. In the future.
15) Yes. Applying for New one
(Recently) so - the so used to have a general business permit

Part 3 - Business/Office Details

- What is your business name? PhilCan Massage Therapist
- What type of business do you intend to operate? Massage Clinic
- What services are you providing and/or what is being sold from your home? manual massage services
- Are there any other offices or businesses operating at this address? ☐ Yes ☒ No
If yes, describe _____
- What is the total floor area (including the basement area) in square feet is your home? 1,450 sq"
- How much of the total floor area in square feet will be used for the office/business? 190
- What are the dimensions of the rooms used for your home office/business? 12 x 14
- What days of the week will your business operate? # Saturday and Sunday
- Between what hours will your business operate? DAY 9:00 AM - 5PM
- How many clients per week will be coming into your home? 5 max
- How many client vehicles can be accommodated on your property (not including street parking)? 2

AUTHORIZATION:

I declare that to the best of my knowledge and ability, the information provided to be true and accurate

Applicant Signature

[Redacted Signature]

May 15, 2025

Date

Home Office/Occupation Questionnaire Application for Development Permit



LLOYDMINSTER

Office Use Only

DP # _____

Date: May 15, 2025

Part 1 – General Information – CIRCLE YES or NO

1. Does your office/business require you to perform duties other than paperwork in your home? YES OR NO
2. Will there be an office in your home that will be used for the exchange or sale of goods and/or services from the confines of your dwelling? YES OR NO
3. Is there a rental unit (secondary, garden or garage suite) in your primary dwelling or on your site? YES OR NO
4. Will any goods stored be viewed from the street of adjoining properties?
If Yes, please provide a Site Plan indicating where goods will be stored on the property. YES OR NO
5. Will there be any structural, mechanical or electrical equipment used to carry on or support your business? YES OR NO
6. Will your office/business generate noise, vibration, smoke, dust, odor, heat or glare? YES OR NO
7. Will the business generate more vehicle or pedestrian traffic? YES OR NO
8. Besides your own personal vehicle, will there be vehicles/equipment utilized by the business? YES OR NO
9. Will there be clients, customers, students or animals coming into your home? YES OR NO
10. Will you hire staff other than those residing at this location? YES OR NO
11. Will you be erecting a sign for your office or business on your property? YES OR NO
12. Have you considered locating this Home Occupation to either a commercial or industrial zoned site? YES OR NO
13. Does the proposed occupation occupy greater than 15% of the homes floor space? YES OR NO
14. Have you attached owner authorization if you are not the sole property owner and/or you are a member of a Condo Association? YES OR NO
15. Do you have or have you applied for a City of Lloydminster Business License? YES OR NO

Location Sketch

LEGAL DESCRIPTION

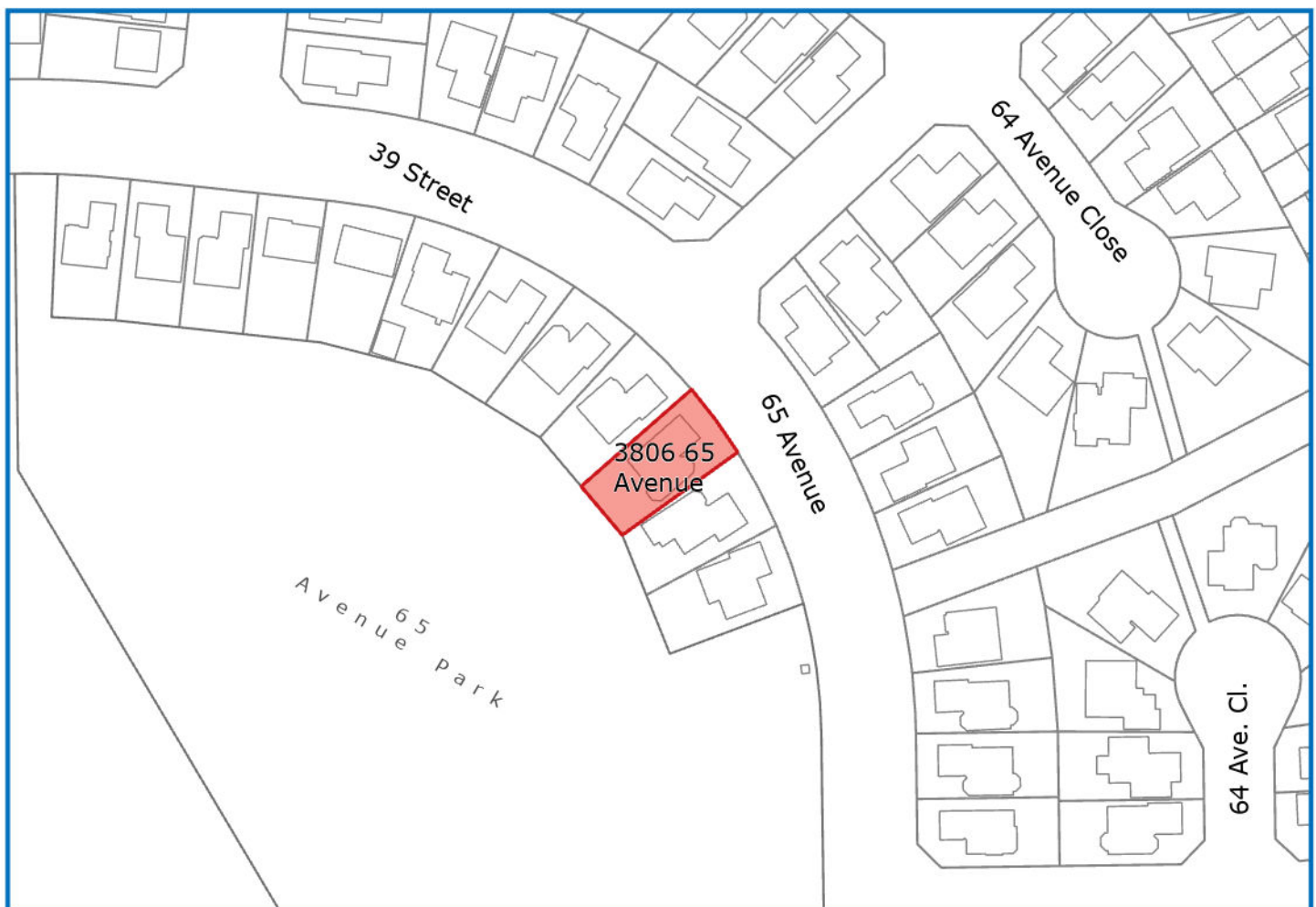
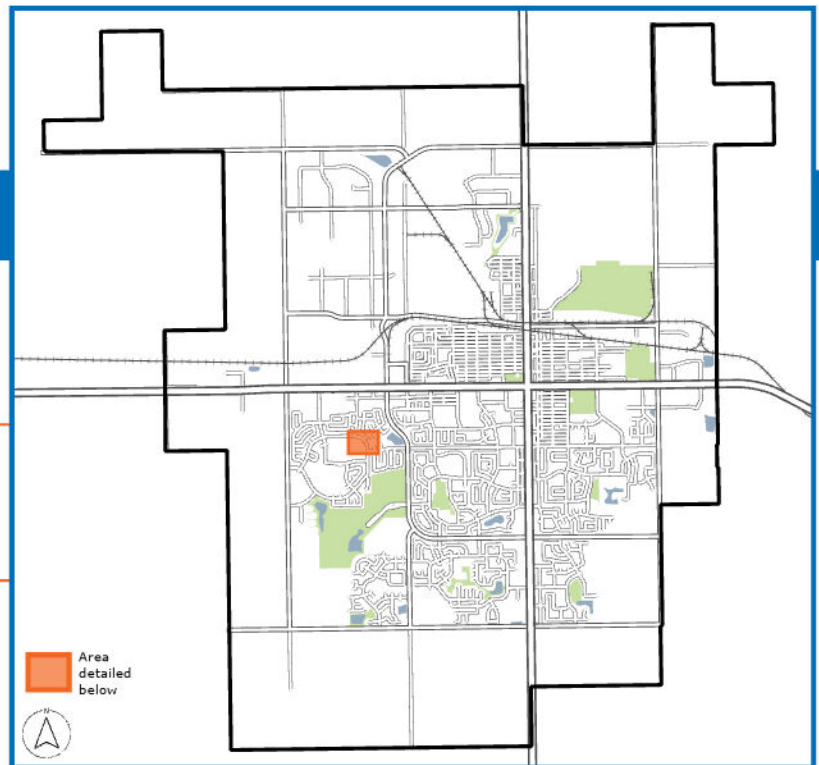
Lot: 3, Block: 6, Plan: 982 5830

MUNICIPAL ADDRESS

3806 65 Avenue
Lloydminster, AB

Date: 05/30/2025

File No. (DP): 25-4955



0 25 50
Metres

■ Subject Lands
□ Legal Parcel

□ Existing Building

June 2, 2025

Property Owner

**RE: Landowner Notification
Development Permit – Discretionary Use
Development Permit Application No: 25-4955**

Dear Property Owner:

Let it be known that a neighbor that is within a one hundred (100) 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 **3806 – 65 Avenue** and it is being reviewed in accordance with Land Use Bylaw 5-2016.

Application Address	Discretionary Use	Application #
3806 – 65 Avenue Lot: 3, Block: 6, Plan: 982-5830	Home-Based Business: Major (Massage Therapy)	25-4955

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: permits@lloydminster.ca

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

<https://www.lloydminster.ca/business-building-development/planning-and-development/open-applications/>

To locate the information search under the Discretionary Permit and 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 permits@lloydminster.ca.

Sincerely,
City of Lloydminster

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