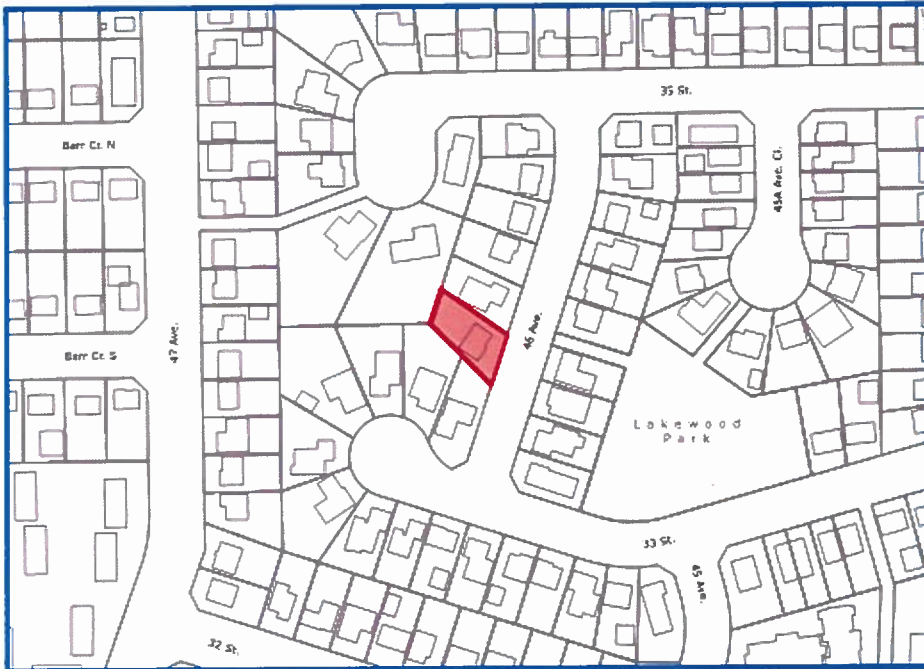


## Proposed Discretionary Use

### MUNICIPAL ADDRESS

3308 46 Avenue  
Lloydminster, SK

Date: 06/03/2026  
File No.: 26-5981



- Subject Lands
- Existing Building
- Legal Parcel



0 30 60  
Metres

## Tell Us What You Think

Please submit any comments, concerns, or support surrounding this proposed development in writing to Planning Services no later than **06/25/2026** to be considered prior to a decision being made.

When submitting please include the following:

Your full name,  
Your Municipal Address,  
Reasoning supporting or opposing the development,  
Application number

Comments can be submitted by email to:  
[permits@lloydminster.ca](mailto:permits@lloydminster.ca).

Or in person at:  
**City of Lloydminster Operations Centre**  
**6623 52 Street**  
**Lloydminster, AB, T9V 3T8**

This notification is sent to all property owners within 100 m of the address listed to inform nearby residents that Planning Services has received an application for a **Discretionary Use** proposed at the indicated address.

## Application Information

### Proposed Use:

Home Based Business: Major

**Type of Business:** Personal Service Shop - Hair Studio

**Proposed Days of Operation:** Monday - Saturday

**Proposed Hours of Operation:** 10:00 AM to 6:00 PM

**Proposed Maximum Number of Daily Clients:** 1-2

**Number of Off-Street Parking Stalls Provided:** 2

**Number of employees (not residing in the home):** 0

**Proposed Sign On-Site:** Yes

Applications are reviewed based on the provisions of **Land Use Bylaw 05-2025** along with any planning related concerns submitted.

For more information, contact **Planning Services** using the contact details below, or visit our website and search the listed application number or scan the QR Code.



[lloydminster.ca/development](http://lloydminster.ca/development)

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 \***

hairstylist

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

81- Other Services (Except Public Administration)

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

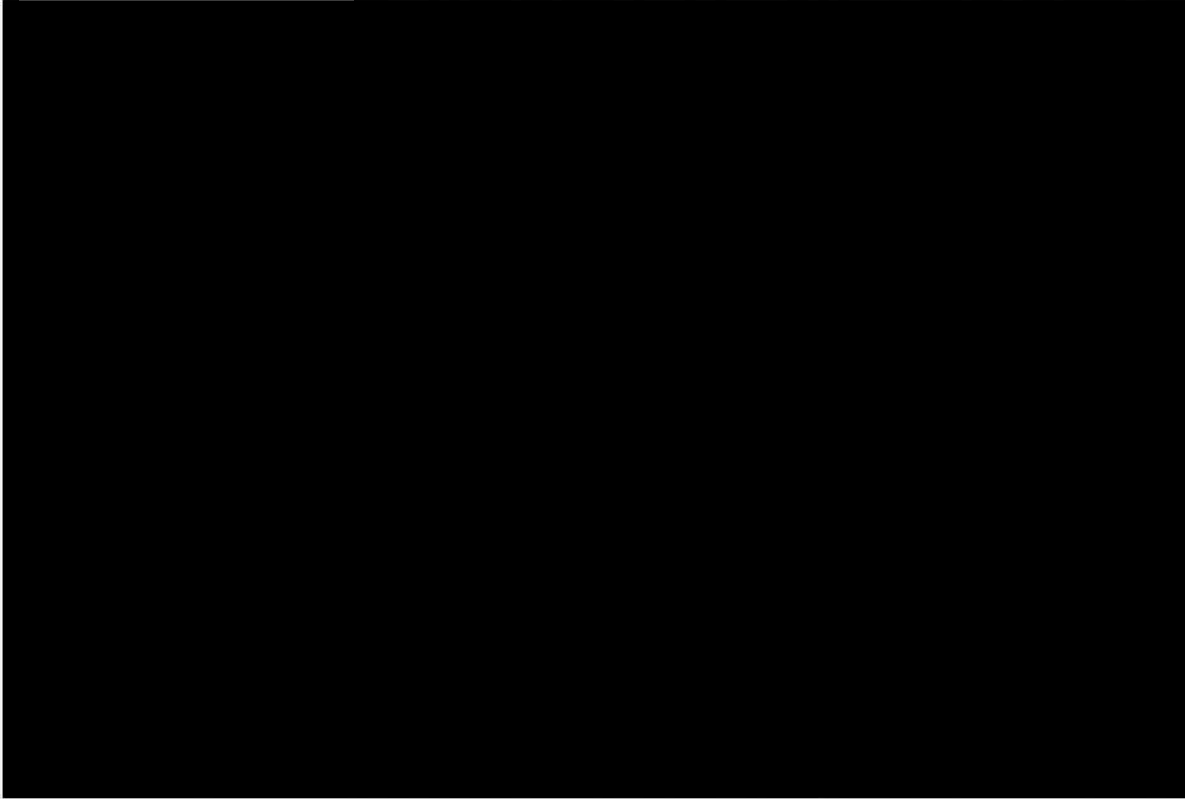
- Tobacco/Flavoured, Vapour Products Retailer
- Cannabis Retailer

# Business Licence Application

## BUSINESS CIVIC/OPERATING ADDRESS

Is your business incorporated? \*

- No  
 Yes



\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Province/State: \*

SK

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 \***

6/1/2026



**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? \***

160

**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



# 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 5-2025 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 \***

Hairstylist

### 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 \*

10:00 AM



Hours of Operation - Business Close Time \*

06:00 PM



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

7

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 \*

Headquarters Hair Studio

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

**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? \***

2-3