

# HOME-BASED BUSINESS COVER PAGE

DP Application #

25-5221

DP Permit #

20250592

Decision: ☐ Approved ☐ Refused Development Officer Reviewer:

Issued Date:

Tax Roll: 22165955000

Development Classification: ☐ Minor ☒ Major ☐ Limited Land Use District: LDR Low Density Residential

Applicant Name: (Contact Name and Company)

Applicant Address:

7112-39ST T9V3M3

Application Fee: 480.00

Method of Payment:

Receipt #

Project Address: 7112 - 39 Street

Legal Description: Lot 1, Block 28, Plan 092-1781

Registered Landowner:

Description of Development: Home Based Business - Esthetics

**NOTES:**

100 meters

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 \***

skin and beauty services

**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

First Name \*

Last Name \*

Operating Address: \*

City: \*

Province/State: \*

7112-39 Street

Lloydminster

AB

Postal Code: \*

Email: \*

T9V 3M3

Phone Number: \*

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 \***

9/15/2025



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

0

**Number of Full Time Employees (including owner): \***

0

**Number of Part Time Employees: \***

1

**What is the square footage of the business? \***

500

**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

Name: \*

Position/Title: \*

# 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 \***

beauty and skin 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

**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 \***

09:30 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

**Please describe intended signage \***

small plaque on the garage

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? \***

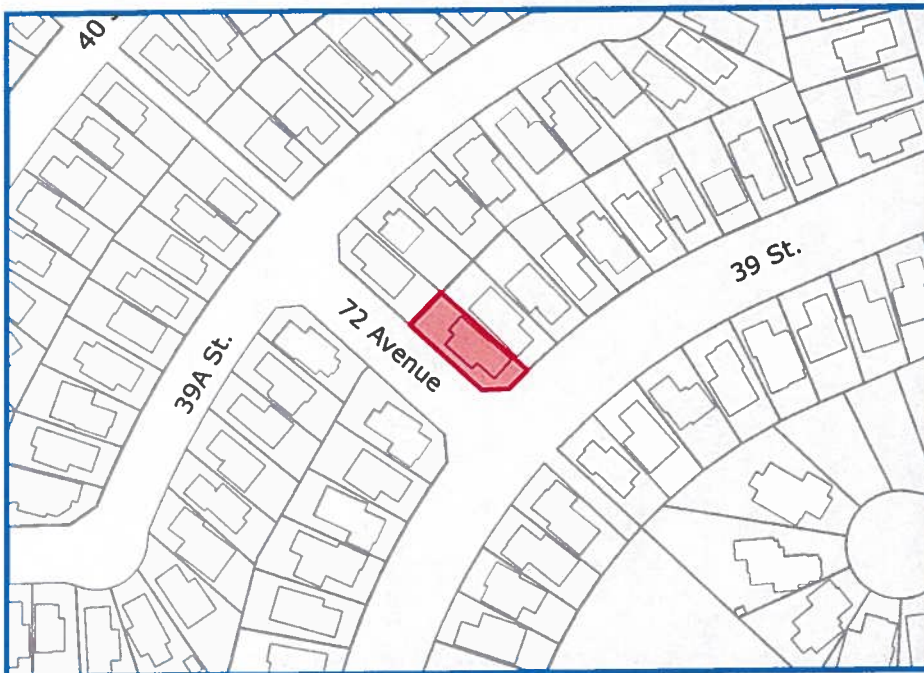
0


## Proposed Discretionary Use

### MUNICIPAL ADDRESS

7112 39 Street  
Lloydminster, AB

**Date:** 09/04/2025  
**File No.:** 25-5221



 Subject Lands     Existing Building  
 Legal Parcel



0 20 40  
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 **09/25/2025** 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 Base Business: Major  
(Esthetics - Skin and Beauty Services)

**Type of Business:** Esthetics

**Proposed Days of Operation:**  
Wednesday, Thursday

**Proposed Hours of Operation:**  
9:30 AM - 8:30 PM

**Proposed Maximum  
Number of Daily Clients:** 5

**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)