

# 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: \_\_\_\_\_

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 \***

lash artist and nail tech

**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/Trade Name

Operating Address: \*

3908 53 ave

City: \*

Lloydminster

Province/State: \*

AB

Postal Code: \*

t9v1r2

Email: \*

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 \***

4/1/2025



**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? \***

150

**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

## 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 industry

### 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 \*

12:00 PM



Hours of Operation - Business Close Time \*

05:00 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

## 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



LLOYDMINSTER

March 24, 2025

Property Owner

**RE: Landowner Notification  
Development Permit – Discretionary Use  
Development Permit Application No: 25-4788**

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 (Esthetics)** at **3908 – 53 Avenue** and it is being reviewed in accordance with Land Use Bylaw 5-2016.

Affected Address	Discretionary Use	Application #
3908 – 53 Avenue Lot: 14, Block: 8, Plan: 762-2291	Home Based Business: Major (Esthetics – Nail and Eyelash Technician)	25-4788

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](mailto: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](mailto:permits@lloydminster.ca).

Sincerely,  
City of Lloydminster

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