BUSINESS LICENCE APPLICATION
HOME BASED

SECTION 1: APPLICANT INFORMATION

Name:				
Address:				
Lot:	Block:	Plan:	Roll:	Land Use District:
Mailing Address (if different):				
Phone:			Email:	
Type of Business Licence being requested: ☐ Annual $155.00		☐ Weekly $50.00		☐ Daily $10.00
Are you the Registered Property Owner? ☐ Yes		☐ No *if no, provide the following information:*		
Property Owner Name(s):				
Property Owner Address:				
Property Owner Phone:			Property Owner Email:	

If you are not the Registered Property Owner, *you must obtain the owner's permission to operate your home-based business. The owner can sign this form or provide a letter indicating their permission.*

SECTION 2: BUSINESS INFORMATION

Legal Business Name:

Business Trade Name (if different):

Describe the type and/or nature of the business:

Hours of Operation:

Will you employ people who do not live at the residence? ☐ Yes ☐ No If yes:
How many? _____

Will you have clients or customers visiting your residence? ☐ Yes ☐ No If yes:
How frequently? _____
Where will they park? _____

Do you use a vehicle or machinery in the operation of your business? ☐ Yes ☐ No If yes:
What kind? _____
How much does it weigh? _____
Where will it be parked or stored? _____

Will goods/materials, used in the operation of your business, be delivered to your residence? ☐ Yes ☐ No If yes:
What kind? _____
How often? _____

If hazardous materials are used in the operation of your business, please attach a list of those materials. A fire inspection may be required.

Will you deliver goods, materials, or services, to customers away from your residence? ☐ Yes ☐ No If yes:
Where? (Cold Lake, surrounding area?) _____

Is there any noise associated with your business? ☐ Yes ☐ No If yes:
What will cause the noise? _____
During what hours will the noise occur? _____

Does your business involve food handling, personal hygiene, or beautification? ☐ Yes ☐ No If yes:
Have you had a health inspection? *(If yes, you **must** attach a **copy of report**)* ☐ Yes ☐ No

Does your residence require renovations for the operation of your business? ☐ Yes ☐ No If yes:
Do you have the required permits? ☐ Yes ☐ No If yes:
Which permits have you obtained? ☐ Building ☐ Electrical ☐ Gas ☐ Plumbing

5513 48 Avenue, Cold Lake, AB • T9M 1A1 • Ph: 780-594-4494 • Fax: 780-594-3480

BUSINESS LICENCE APPLICATION
HOME BASED

SECTION 3: DECLARATION

I, _____, hereby declare that:

- I have reviewed and understand the conditions/terms of the City of Cold Lake Business Licence Bylaw No. 675-PL-20 and that the business identified in this application will be conducted in accordance with the information submitted, and upon approval, will adhere to the conditions and provisions of the City of Cold Lake Business Licence Bylaw.
- I hereby grant the Development Authority Right of Access to conduct all necessary inspections on the subject property, with respect to this application. All work will be conducted in accordance with the plans submitted.
- I will notify the Development Authority of any changes to the information submitted with this application.
- I understand that Business Licence fees are due annually, by December 31.

Signature of Applicant: _____ Date: _____

Signature of Property Owner: _____ Date: _____

SECTION 4: CHECKLIST - HOME BASED BUSINESS LICENCE

☐ **Application Fee** *(non-refundable)* *IF SUBMITTING BY MAIL PLEASE ENCLOSE A CHEQUE PAYABLE TO THE CITY OF COLD LAKE*
☐ **Development Permit Obtained**, permit number _____
☐ **Permission Letter from Property Owner**, *if applicable*
☐ **Health Inspection Report**, *if applicable*
☐ **List of Hazardous Materials**, *if applicable*
☐ **Fire Inspection**, *if applicable*

Submit Completed Application in person or by mail to:

City of Cold Lake
5513 48 Avenue
Cold Lake, AB T9M 1A1

Or via email to planning@coldlake.com

OFFICE USE ONLY			
Received By:		Date Received:	
Fee Paid: ☐ Annual $155.00 ☐ Weekly $50.00 ☐ Daily $10.00		Receipt No.:	
Reviewed/Issued By:	Title:	Signature:	
Date Licence issued:	Issued Via: ☐ Pickup	☐ Mail	☐ Email