



## BUSINESS LICENCE – HOME BASED

PART 1: GENERAL INFORMATION					
Your Name:			Business Name:		
Address:		City:		Province:	Postal Code:
Mailing Address, if different from above:					
Phone:		Cell/ Alternate Contact #:		Fax/Email:	
Lot:	Block:	Plan:	Roll #:		Land Use District:
<b>Owner's Name</b> , if not the applicant: (see Part 3: Signatures):					
Owner's Address (if not the applicant):		City:		Province:	Postal Code:
Phone:		Cell/ Alternate Contact #:		Fax/Email:	
Part 2: BUSINESS INFORMATION					
Describe the type and/or the nature of the business:					
Will you employ people that do not live in your residence? Yes <input type="checkbox"/> No <input type="checkbox"/>		How many?	What are your business hours?		
Will you have clients or customers visiting your residence? Yes <input type="checkbox"/> No <input type="checkbox"/>		How frequently?	Where will they park?		
Do you use a vehicle or machinery in the operation of your business? Yes <input type="checkbox"/> No <input type="checkbox"/>		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 <input type="checkbox"/> No <input type="checkbox"/>		If yes, what kind?		How often?	
Will you deliver goods, materials, or services, to customers away from your residence? Yes <input type="checkbox"/> No <input type="checkbox"/>		Where? (In Cold Lake? Surrounding area?)			
Is there any noise associated with your business? Yes <input type="checkbox"/> No <input type="checkbox"/>		What causes the noise?		When will it occur?	

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Does your business involve food handling, personal hygiene, or beautification?  Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you had a health inspection? Attach copy of report if applicable.
Does your residence require renovations for the operation of your business?  Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have the required permits?      Building <input type="checkbox"/> Plumbing <input type="checkbox"/> N/A Electrical <input type="checkbox"/> Gas <input type="checkbox"/>

**Part 3: SIGNATURES**

<u>  X  </u> _____ Signature of Applicant	_____ Date of Application
<u>  X  </u> _____ Signature of Owner (if not the applicant)	<b>If you are the owner</b> of your residence you must provide a copy of the Certificate of Title.  <b>If you are not the owner</b> of your residence you require the owner's permission to operate your home based business. The owner can sign this form or provide a letter indicating their permission.

**Part 4: FOR OFFICE USE ONLY**

<b>Development Officer:</b>	<b>Date:</b>	
<b>Fees:</b> Business Licence Fee - expires Dec 31 <sup>st</sup> \$150 – annual \$ 75 – quarterly \$ _____                   \$ 50 – weekly \$ 10 – daily	Development Permit Fee - expires Dec 31 <sup>st</sup> \$ 75 – major \$ 50 – minor \$ _____	
<b>Fees Paid:</b>	<b>Receipt #:</b>	<b>Payment Taken By:</b>

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