

FOR OFFICE USE ONLY

Business Licence Application

Planning & Development

There are two approval steps prior to operating a business in Lac Ste. Anne County. The first step is that you *may* need to apply for and obtain a **Development Permit**. This document grants the stated business activities to be conducted from a residential or commercial property or building. The second step is to apply for a **Business Licence**. This is the document that legally allows you to operate your business.

Date (m/d/y): _____ Licence no.: ____ Customer ID: _____ Invoice no.: __

Receipt no.:	Roll nc).:	Development permit	no.:		
			Non-residential porting information submitted he		Non-County*	
back for further inform	mation. Please note t	that by providii	plete application is submitted by ng your email address as part of relation to this application.			
*Note: When applying fo	or a <u>Non-County</u> licence,	complete Section	s A, B, C and E (omit Section D). Other	wise, please co	omplete the entii	re form.
BUSINESS CLASSIF	FICATION AND OV	NNERSHIP				
Business operating/tr	ade name:					
Business type: Sol	le proprietorship	Partnership	Corporation or limited liability	company	Not for pro	fit
Name of After-hours	Emergency Contact:					
Total number of full-to	ime employees acros	ss Canada as o	of the application date, including	yourself:		
Total number of part-	time employees acro	oss Canada as	of the application date, including	g yourself: _		
Do you want your bus	siness listed in the Co	ounty's online l	business directory? IF SOLE		YES	NO
PROPRIETORSHIP						
Full legal name of Sol	e Proprietor:					
IF PARTNERSHIP (LIS Full legal name of Par		-				
Full legal name of Par	tner:					
Full legal name of Par	tner:					
Full legal name of Par	tner:					
Full legal name of Par	tner:					
IF CORPORATION OF Legal entity:			Corporate access no. (if applicable):	

Box 219, Sangudo AB T0E 2A0



SECTION A: PRINCIPAL OWNER/LICENSEE INFORMATION

OWNER/LICENSEE	NAME							
Last name:	me: First name:					Middle initial:		
Lot/unit: Blo	ock:	P	lan no).:		_ Subdivision/hamlet:	:	siness Property Tax Rate.)
Division: 1 2 All or part of: Quarte	3 r:	4 S	5 Section	6 ı:	7	_ Township:	Range:	
City:					Cel:	Province:	Pos	stal code:
SECTION B: NAT								
SECTION B: NATO Describe the nature	JRE OF	BUSI	NESS			ctivities performed:		
	JRE OF	BUSI	NESS			ctivities performed:		
	JRE OF	BUSI	NESS			ctivities performed:		



SECTION C: BUSINESS CATEGORY AND ACTIVITY TYPE

DOES YOUR BUSINESS CONDUCT ANY OF THE FOLLOWING ACTIVITIES? (Select at least one option.)

TOURISM/ACCOMMODATIONS

Arts & crafts

Bed & breakfast

Campground

Hotel

Museum/historical site

Recreation (specify):

AGRICULTURE

Grain elavator

Greenhouse, nursery

or apiary

Intensive livestock

operation

COMMERCIAL

Auction house

Automotive service (e.g.: consignment sales, leasing, repair, sales, etc.)

Cleaning service

Dog grooming, kennel

or breeder

Family care service (e.g.: before/after school care, daycare, family day home, adult care home, etc.)

Food establishment (e.g.: serving, preparing or selling food)

Health & personal care (e.g.: body piercing, esthetics, fitness, hair styling, massage therapy, tanning, tattoo, etc.)

Landscaping Laboratory

Professional services (specify):

Restaurant

Retail

Service Station

Trucking

CONTRACTOR (LOCAL)

Building

Carpentry

Electrical

Gas

Home

Plumbing

CONTRACTOR (NON-COUNTY)

Building

Carpentry

Electrical

Gas

Home

Plumbing

INDUSTRIAL

Chemical manufacturing or processing plant

Distillery

Feed or flour mill

Grain mill

Manufacturing

Natural resource extraction

Oil and gas extraction

Recycling facility

Salvage operation

Storage facility

OPTIONAL: PREFERRED VENDOR EXPRESSION OF INTEREST

Lac Ste. Anne County has an ongoing need for vendors, suppliers and contractors. The County's preference is to engage local businesses in these capacities whenever possible. Providing the optional information below is your first step toward being included on Lac Ste. Anne County's list of preferred local vendors.

Do you wish to be a vendor for the County? YE

YES NO

What type(s) of goods or services do you provide that you feel the County would use on a regular basis?

Do you have business liability insurance?

YES

NO

If **YES**, what amount? \$____

Do you carry WCB coverage?

YES

NO

N/A If YES, what amount? \$___



SECTION D: BUSINESS OPERATION DETAILS

Do you live at this proper	ty?					`	YES	NO
Is your office located in L	ac Ste. Anne County	?				,	YES	NO
How much space is requi	red to store equipm	nent, materials, a	nd goods? In	door:	sq.ft. (Outdoor:		sq.ft
What percentage of your	business floor area	is office space: _	<u>%</u>	and war	ehouse/work	k area:		%
How much of the parcel i	s used exclusively fo	or business? Area	a:		sq.ft. I	Percentage:		%
Do you use a garage for s	storage (other than	strictly vehicle sto	orage) or oth	er busine	ess-related pu	urposes? '	YES	NO
What type of garage is or	the property?	Attached	Detached	None	2			
BUSINESS HOURS OF O	PERATION							
Monday:	am or	pm to		am or	pm			
Tuesday:	am or	pm to		am or	pm			
Wednesday:	am or	pm to		am or	pm			
Thursday:	am or	pm to		am or	pm			
Friday:	am or	pm to		am or	pm			
Saturday:	am or	pm to		am or	pm			
Sunday:	am or	pm to		am or	pm			
How many business visits	s to the site are expe	ected each day?:						
How many business visits	s to the site are expe	ected per week b	y: Clients:	Co	ouriers:	Employe	ees: _	
How many client, courier	and/or employee ve	ehicles may be o	nsite at one t	ime?:		_		
How many vehicles are re	egistered to this pro	perty?:						
How many client, courier	and/or employee ve	ehicles may be o	nsite at one t	ime?:		_		
How many vehicles are re	egistered to this pro	perty?:						
ADDITIONAL BUSINESS	DETAILS							
Provide any additional bu	ısiness-related infor	mation/commen	ts:					



SECTION E: CONDITIONS AND AFFIRMATION

I hereby make application for a Business Licence in accordance with the plans and supporting information submitted herewith. I authorize the staff of Lac Ste. Anne County and other agencies as designated in Section 653(2) of the *Municipal Government Act*, R.S.A. 2000, to enter my land for the purpose of conducting a site inspection to confirm existing site conditions in relation to compliance with existing bylaws and in connection with my Business License Application. The personal information provided will be used to process the Business Licence Application and is collected under the authority of Section 642 of the *Municipal Government Act*.

Personal information you provide may be recorded in the minutes of the Municipal Planning Commission, or otherwise made public pursuant to the provisions of the *Freedom of Information and Protection of Privacy (FOIP) Act*, including Section 39 through 42 therein. If you have any questions about the collection and use of this information, please contact the Lac Ste. Anne County FOIP Coordinator at the address in the footer of this document.

Please be advised that any documentation/information (including personal information) required for processing an

application may become public once submitted to Municipal Planning Commission or the Development Authority for review and processing. Applicant name Applicant signature Date (m/d/y) Landowner name Landowner signature Date (m/d/y) **AUTHORIZATION FOR AGENT** I (We), ___ ______, being the registered Landowner(s) of said property, hereby authorize: __, to make application for a Business Licence on the above mentioned property. Date (m/d/y) Landowner name Landowner signature Please be advised that this application may be subject to a site inspection prior to decision.

BUSINESS LICENCE ANNUAL FEE: \$50

Penalties

- 1. A penalty of two-hundred dollars (\$200.00) shall be levied against and paid by any person who commits a breach of any of the provisions of this Bylaw.
- 2. A penalty of three-hundred and fifty dollars (\$350) shall be levied against and paid by any person who commits for a second time a breach of the provisions of this Bylaw provided the offence is committed within twelve (12) months of the commission of the first offence.
- 3. A penalty of six-hundred and fifty dollars (\$650) shall be levied against and paid by any person who commits for a third time a breach of the provisions of this Bylaw provided the offence is committed within twelve (12) months of the commission of the second offence.

Box 219, Sangudo AB T0E 2A0



Credit Card Authorization Form

Planning & Development

Confidential

FOR OFFICE USE ONLY Date received (m/d/y): Rece	ipt no.:	
Authorized County personnel:		
PAYMENT AUTHORIZATION		
Service description:		
AMOUNT \$:		
CREDIT CARD AUTHORIZATION		
FOR OFFICE USE ONLY		
Payment method: ☐ Visa ☐ MasterCard ☐ Interac	☐ Cash ☐ Cheque	
Credit card no.:	Expiry date:	CVC:
Name of Cardholder:	Signature of Cardholder:	
NOTE: If you plan to submit this application via email, d will be requested by a County representative at the time		

This credit card authorization form can be mailed with your application via regular post to the address below

Alternatively, you can remit the application by email *without* the Credit Card Authorization Form and include contact information for payment. Please be advised that permits will not be processed until payment is received. This credit card information will be securely disposed of upon receipt of payment.

This personal information is being collected in accordance with section 33(c) of the *Freedom of Information and Protection of Privacy (FOIP) Act*. This information will form part of a file that is publicly available on request. If you have any questions about the collection, use or disclosure of this personal information, please contact the Lac Ste. Anne County FOIP Coordinator at the address below.

T 780.785.3411 TF 1.866.880.5722 F 780.785.2359 E DEVASSISTANT@LSAC.ca www.LSAC.ca