

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.

**FOR OFFICE USE ONLY**

Date (m/d/y): \_\_\_\_\_ Licence no.: \_\_\_\_\_ Customer ID: \_\_\_\_\_ Invoice no.: \_\_\_\_\_  
 Receipt no.: \_\_\_\_\_ Roll no.: \_\_\_\_\_ Development permit no.: \_\_\_\_\_

I hereby make application for a  Residential  Non-residential  Non-County\*  
 Business Licence in accordance with the plans and supporting information submitted herewith.

*Incomplete applications will not be accepted.* If an incomplete application is submitted by mail, the application will be sent back for further information. Please note that by providing your email address as part of this application you are hereby consenting to receiving correspondence electronically in relation to this application.

*\*Note: When applying for a Non-County licence, complete Sections **A, B, C** and **E** (omit Section **D**). Otherwise, please complete the entire form.*

**BUSINESS CLASSIFICATION AND OWNERSHIP**

Business operating/trade name: \_\_\_\_\_

Business type:  Sole proprietorship  Partnership  Corporation or limited liability company  Not for profit

Name of After-hours Emergency Contact: \_\_\_\_\_

Total number of full-time employees across Canada as of the application date, including yourself: \_\_\_\_\_

Total number of part-time employees across Canada as of the application date, including yourself: \_\_\_\_\_

Do you want your business listed in the County's online business directory? **IF SOLE** **YES** **NO**

**PROPRIETORSHIP**

Full legal name of Sole Proprietor: \_\_\_\_\_

**IF PARTNERSHIP (LIST NAMES OF ALL PARTNERS)**

Full legal name of Partner: \_\_\_\_\_

Full legal name of Partner: \_\_\_\_\_

Full legal name of Partner: \_\_\_\_\_

Full legal name of Partner: \_\_\_\_\_

Full legal name of Partner: \_\_\_\_\_

**IF CORPORATION OR LIMITED LIABILITY COMPANY**

Legal entity: \_\_\_\_\_ Corporate access no. (if applicable): \_\_\_\_\_

Box 219, Sangudo AB T0E 2A0

T 780.785.3411 TF 1.866.880.5722 F 780.785.2359 E DEVASSISTANT@LSAC.ca [www.LSAC.ca](http://www.LSAC.ca)



**SECTION C: BUSINESS CATEGORY AND ACTIVITY TYPE**

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

<b>TOURISM/ACCOMMODATIONS</b>	<b>COMMERCIAL</b>	<b>CONTRACTOR (LOCAL)</b>	<b>INDUSTRIAL</b>
Arts & crafts	Auction house	Building	Chemical manufacturing or processing plant
Bed & breakfast	Automotive service <i>(e.g.: consignment sales, leasing, repair, sales, etc.)</i>	Carpentry	Distillery
Campground	Cleaning service	Electrical	Feed or flour mill
Hotel	Dog grooming, kennel or breeder	Gas	Grain mill
Museum/historical site	Family care service <i>(e.g.: before/after school care, daycare, family day home, adult care home, etc.)</i>	Home	Manufacturing
Recreation <i>(specify):</i>  _____	Food establishment <i>(e.g.: serving, preparing or selling food)</i>	Plumbing	Natural resource extraction
<b>AGRICULTURE</b>	Health & personal care <i>(e.g.: body piercing, esthetics, fitness, hair styling, massage therapy, tanning, tattoo, etc.)</i>	<b>CONTRACTOR (NON-COUNTY)</b>	Oil and gas extraction
Grain elevator	Landscaping	Building	Recycling facility
Greenhouse, nursery or apiary	Laboratory	Carpentry	Salvage operation
Intensive livestock operation	Professional services <i>(specify):</i>  _____	Electrical	Storage facility
	Restaurant	Gas	
	Retail	Home	
	Service Station	Plumbing	
	Trucking		

**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?      **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 property? YES NO

Is your office located in Lac Ste. Anne County? YES NO

How much space is required to store equipment, materials, and goods? Indoor: \_\_\_\_\_ sq.ft. Outdoor: \_\_\_\_\_ sq.ft

What percentage of your business floor area is office space: \_\_\_\_\_% and warehouse/work area: \_\_\_\_\_%

How much of the parcel is used exclusively for business? Area: \_\_\_\_\_ sq.ft. Percentage: \_\_\_\_\_%

Do you use a garage for storage (other than strictly vehicle storage) or other business-related purposes? YES NO

What type of garage is on the property? Attached Detached None

**BUSINESS HOURS OF OPERATION**

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 to the site are expected each day?: \_\_\_\_\_

How many business visits to the site are expected per week by: Clients: \_\_\_\_\_ Couriers: \_\_\_\_\_ Employees: \_\_\_\_\_

How many client, courier and/or employee vehicles may be onsite at one time?: \_\_\_\_\_

How many vehicles are registered to this property?: \_\_\_\_\_

How many client, courier and/or employee vehicles may be onsite at one time?: \_\_\_\_\_

How many vehicles are registered to this property?: \_\_\_\_\_

**ADDITIONAL BUSINESS DETAILS**

Provide any additional business-related information/comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**FOR OFFICE USE ONLY**

Date received (m/d/y): \_\_\_\_\_ Receipt no.: \_\_\_\_\_  
Authorized County personnel: \_\_\_\_\_

**PAYMENT AUTHORIZATION**

Service description: \_\_\_\_\_

AMOUNT \$: \_\_\_\_\_

**CREDIT CARD AUTHORIZATION**

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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, **do not** provide your credit card details. Payment information will be requested by a County representative at the time of processing, and then securely destroyed.*

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.

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