



Has the type of business changed from the previous approval?: **YES** **NO**

If **YES**, yes, please complete a new Business Licence Application Form.

Mailing address of business: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Business tel: \_\_\_\_\_ Cel: \_\_\_\_\_ Fax: \_\_\_\_\_

Business email: \_\_\_\_\_ Website (if applicable): \_\_\_\_\_

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

Tel: \_\_\_\_\_ Cel: \_\_\_\_\_ Email: \_\_\_\_\_

Describe the nature of the business and the business activities performed: \_\_\_\_\_

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**BUSINESS REGISTRATION TYPE**

Business type:    Sole proprietorship    Partnership    Corporation or Limited Liability Company

**IF SOLE PROPRIETORSHIP**

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

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

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

**IF CORPORATION OR LIMITED LIABILITY COMPANY**

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

**BUSINESSES LOCATED WITHIN LAC STE. ANNE COUNTY**

*Information required for Small Business Property Tax Rate*

Lot/unit: \_\_\_\_\_ Block: \_\_\_\_\_ Plan no.: \_\_\_\_\_ Subdivision/hamlet: \_\_\_\_\_

Rural address: \_\_\_\_\_

Division: 1 2 3 4 5 6 7

All or part of: Quarter: \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ W of 5 Meridian

Business floor area: \_\_\_\_\_ sq.m. or \_\_\_\_\_ sq.ft. Office area %: \_\_\_\_\_ Warehouse/work %: \_\_\_\_\_

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

How many business visits to the home are expected each day?: \_\_\_\_\_

How many visits per week by: Clients: \_\_\_\_\_ Couriers: \_\_\_\_\_ Employees: \_\_\_\_\_

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

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

**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** If **YES**, please list the type(s) of goods or services 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 EXEMPT** If **YES**, what amount? \$ \_\_\_\_\_

Are you CORE certified? **YES NO**

**CONDITIONS**

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 application.

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.

<i>Applicant name</i>	<i>Applicant signature</i>	<i>Date</i>
<i>Landowner name</i>	<i>Landowner signature</i>	<i>Date</i>

**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.

<i>Landowner name</i>	<i>Landowner signature</i>	<i>Date</i>
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***This application may be subject to a site inspection prior to decision.***

**BUSINESS LICENCE ANNUAL RENEWAL FEE: \$50**

Your application will be processed upon receipt of payment. Fees can be paid by credit card via the County's secure payment portal at [LSAC.ca/payments](http://LSAC.ca/payments), or in person at the County Administration Office located at 56521 Rge Rd 65 (east of Sangudo).

**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.