

Town of Drumheller
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BUSINESS LICENSE APPLICATION HOME OCCUPATION

for office use only
Home Occ - Basic
Home Occ - Urban
Home Occ - Rural

APPLICANT INFORMATION *(to be completed by the individual making application for Business License)*

Applicant Name : _____

Applicant Address: _____
(City) (Province) (Postal Code)

Applicant Phone: _____ Applicant Email: _____

Applicant signature: _____ Date: _____

Approval of this Business License does not exempt the applicant from obtaining necessary permits required through Municipal By-law or Provincial Laws and Regulations

BUSINESS INFORMATION *(information specific to the proposed business operations)*

Legal Business Name *(if registered corporation)*: _____

Operating Business Name(s): _____

Business Mailing Address: _____
(City) (Province) (Postal Code)

Business Site Address: _____
(City) (Province) (Postal Code)

Work Phone: _____ Fax: _____

Business Description *(please be specific – ie: retail – sporting goods and clothing)*

Provincial License Required: Yes No Copy Attached: Yes No

What type of Provincial License: _____ *See checklist of Alberta Provincial Licensing*

Will prepayment be made for any portion of the contract: Yes No *If yes, provide a copy of provincial approval*

You must make separate application for Development Permit and/or Building Permit, as required and return same with this Business License Application. Attached: Yes No

REGISTERED LAND OWNER *(to be completed by registered landowner, as noted on a Certificate of Title)*

Land Owners Name: I, *(print name)* _____ hereby certify that:

1 – I am the registered owner of the land described above.

2 – I am aware of the business being operated on my property by the above-noted party, and hereby consent to such use.

Owner's Signature: _____ Date: _____

Owner's Site Address: _____
(City) (Province) (Postal Code)

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Fax: _____ Email: _____

I authorize the Town of Drumheller to advertise my business on drumheller.ca, and to disclose the applicable (initial here) information to the Drumheller Chamber of Commerce for communication purposes.

Approval of this Business License does not exempt the applicant from obtaining necessary permits required through Municipal Bylaw or Provincial Laws and Regulations. This information is being collected under the authority of the Town of Drumheller for the purpose of providing licensing and advertising. It is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act. For more information contact the Town of Drumheller FOIP Coordinator at 403-823-1339.



PHONE: 1-403-823-6300
FAX: 1-403-823-7739

HOME OCCUPATION QUESTIONNAIRE

1. Are there any other home occupations operating from this location? Yes No
If so, provide the name and nature of the business(es)

2. Excluding vehicles, what equipment, trailers or materials are required for the business?

Where are they stored (ie. in the home, garage, at a commercial storage site, etc.)

3. Will there be any stock-in-trade kept on the premises? Yes No

If so, how much and how is it sold or distributed?

Where is it stored?

4. Will there be any flammable or hazardous materials on the premises as a result of the business (ie. solvents, paint thinners, special cleaners, etc.)? Yes No

If so, what is the material, how much is being kept at the premises, and where is it stored?

5. Does the material require any special training for use or special storage provisions? Yes No
Are any permits required for their storage or use? if so, please provide a copy of the permit. Yes No

6. What work will be done on the premises?

7. What will the hours of operation be

8. If all work is not done at the premises, where else will it take place?

9. Are there any employees of the business who are not members of the family or bona fide occupants of the dwelling? Yes No

Is so, how many?

Where do they work?

If they are working from the residence, where do they park their vehicles?

10. How many vehicles are involved in the business?

How many personal vehicles do you have?

Where are they parked?

11. Provide a description of the business vehicle(s), state type, height, length, weight and number of passengers (applicants may provide a color photograph).

12. Will there be any exterior indication to the public of this home occupation (noise, exterior activity, smoke, odors, traffic, signage, etc.)? Yes No

If yes, please provide details. Failure to disclose anticipated impacts would be grounds for immediate revocation of the permit.

13. Will there be any clients coming to the home? Yes No

If so, please state estimated number, frequency and where they will park