

BUSINESS LICENCE APPLICATION

HOME OCCUPATION LICENCE

Applicant Information					
Name					
Work Phone		Cell Phone			
Email					
Applicant Address					
	(Street Address)	(City)	(Province)	(Postal Code)	
Is the applicant of the Home Occupation Licence the property owner?	If NO , you must submit a letter from the property owner, outlining consent to operate a Home Occupation on the property.		Letter of Consent Attached?		
<input type="checkbox"/> YES	<input type="checkbox"/> NO		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
IF YOU ARE NOT THE PROPERTY OWNER, PLEASE FILL OUT THE FOLLOWING INFORMATION:					
Registered Land Owner					
Name					
Work Phone		Cell Phone			
Email					
Mailing Address					
	(Street Address)	(City)	(Province)	(Postal Code)	
I am the registered owner of the land described above.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	I am aware of the business being operated on my property by the above-noted party and hereby consent to such use.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Registered Land Owner Name	Signature		Date		

Business Information				
Legal Business Name				
Operating Business Name(s)				
Business Mailing Address				
	(Street Address)	(City)	(Province)	(Postal Code)

Business Site Address					
	(Street Address)	(City)	(Province)	(Postal Code)	
Business Description <i>(Please be specific- i.e.: retail - sporting goods and clothing)</i>					
Is your business eligible for a provincial exemption? If so, please attach your provincial licence	Licence Attached?		Is your business a registered non-profit organization? If so, please attach proof on non-profit status	Proof Attached?	
	<input type="checkbox"/> YES	<input type="checkbox"/> NO		<input type="checkbox"/> YES	<input type="checkbox"/> NO

Supporting Documentation	
<input type="checkbox"/>	Building/Development Permit – if applicable
<input type="checkbox"/>	Home Occupation Questionnaire – completed and attached

Applicant's Declaration:		
In submitting this form, I am/We are declaring this information to be true and complete to the best of mine/our knowledge		
Applicant Name	Signature	Date

	I authorize the Town of Drumheller to advertise my business on Drumheller.ca and to disclose the applicable implanation to the Drumheller Chamber of Commerce for communication purposes
(Initial Here)	
	I have read and understand the Town of Drumheller Business Licence Bylaw and agree to comply with all the provisions within this Bylaw and all Federal, Provincial and Municipal Statutes
(Initial Here)	

Approval of this Business Licence does not exempt the applying 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 info@drumheller.ca or 403-823-1339.

Office Use Only			
Permit #		Receipt #	
Selected <u>One</u> of the Following	<input type="checkbox"/> Home Occupation Basic	<input type="checkbox"/> Home Occupation Urban	<input type="checkbox"/> Home Occupation Rural

Home Occupation Questionnaire

1.	Are there any other home occupations operating from this location	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	If so, please describe the name(s) and nature of the business(es)		
2.	Excluding vehicles, what equipment, trailers or materials are required for the business		
	Where are they stored?		
3.	Will there be any stock-in trade kept on the premises?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	If so, how much and how is it sold and distributed?		
	Where are they stored?		
4.	Will there be any flammable or hazardous materials on the premises as a result of the business (i.e., solvents, paint thinners, special cleaners etc.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	If so, what are the materials?		
	Where are they stored?		
	Do these materials require any special training for use?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Do these materials require any special storage requirements?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Do these materials require a permit for storage or use? If yes, please provide a copy of the permit.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5.	What work will be done on the premises?		
6.	What will the hours of operation be?		
7.	If not all work will be done on the premises, where else will work take place?		
8.	Are there any other employees of the business who are not members of the family or occupants of the building?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	If so, how many?		
	Where do they work?		
	Where do they park their vehicles?		
9.	How many vehicles are involved in the business?		
	Description of business vehicle(s)		
	How many personal vehicles do you have?		
	Where are they parked?		
10.	Will there be any exterior indication to the public that there is a business at your residence (i.e. noise, exterior activity, smoke, odours, traffic, signage)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	If yes, please provide details (failure to disclose the anticipated impacts would be grounds for immediate revocation of the permit).		
11.	Will there be any clients coming to your business?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	If yes, please provide the estimated number, frequency and where they would park		