



# APPLICATION for Home Occupation Business License

Town of Drayton Valley  
Planning & Development Department  
5120 – 52<sup>nd</sup> Street, Box 6837  
Drayton Valley, AB T7A 1A1  
Phone: (780) 514-2200  
Fax: (780) 542-5753  
www.town.draytonvalley.ab.ca

**All Sections Must Be Completed In FULL**  
**~PLEASE PRINT~**

### OFFICE USE ONLY

License #: \_\_\_\_\_ Customer #: \_\_\_\_\_  
Application Fee: \$ \_\_\_\_\_ Receipt #: \_\_\_\_\_  
Date Received: \_\_\_\_\_  
Date Issued: \_\_\_\_\_

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

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_  
(City) (Province) (Postal Code)

Work Phone: (\_\_\_\_) \_\_\_\_\_; Home Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_; Fax: (\_\_\_\_) \_\_\_\_\_

### BUSINESS INFORMATION (to provide information specific to the proposed business operations)

Legal Business Name (if registered corporation): \_\_\_\_\_

Operating Business Name: \_\_\_\_\_

Number of Employees: Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Business Legal Land Description: Lot \_\_\_\_\_, Block \_\_\_\_\_, Plan \_\_\_\_\_ Zoning: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_  
(City) (Province) (Postal Code)

Business Street Address: \_\_\_\_\_  
(City) (Province) (Postal Code)

Business Owner's Name: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_; Business Phone: (\_\_\_\_) \_\_\_\_\_; Cell Phone: (\_\_\_\_) \_\_\_\_\_

Business Owner's Address: \_\_\_\_\_  
(City) (Province) (Postal Code)

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

\_\_\_\_\_  
\_\_\_\_\_

Information supplied in this section will be made available to the public to assist in marketing your business through printed and web directories, such as the Town's webpage and AlbertaFirst.com.

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

I, (Print Name) \_\_\_\_\_, hereby certify that:

1. I am the registered owner of the land described above; or
1. I am the representative of the registered owner of the land described above (explanation of signing authority – ie. "director of company", "property manager") \_\_\_\_\_\*
2. I am aware of the business being operated on my property by the above-noted party, and hereby consent to such use.

Signature: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Phone No.: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (Postal Code)  
(Home) (Work)

\* Proof of signing authority may be required prior to issuance of Business License.

### DETAILS OF PROPOSED DEVELOPMENT FOR BUSINESS

1. Are you renovating or altering the building to accommodate the business? Yes No

*If yes, you must make separate application for Development Permit and/or Building Permit, as required and return same with this Business License Application.*

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

#### NOTES:

- Any activity carried out prior to obtaining the required Permit Approval(s) signed by an authorized Development Officer of the Town of Drayton Valley and prior to the appeal expiry date is at the applicant's own risk.
- The information on this form is collected under the authority of Paragraph 32c of The Alberta Freedom of Information and Protection of Privacy Act, RSA, 2000, Ch. F-18.5, and shall only be used for the purpose for which it was collected.
- If relocating, the business owner must reapply to operate from a new location. Advice of any change of ownership, closure, etc., must be provided to the Town in writing.



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***All Questions Must Be Completed In FULL ~PLEASE PRINT~***

1. Are there any other home occupations operating from this location? Please circle: 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, outside, at a commercial storage site, etc.)? \_\_\_\_\_  
 \_\_\_\_\_  
 Provide complete description (or photograph) of any items to be stored outside. \_\_\_\_\_  
 \_\_\_\_\_
  
3. Will there be any stock-in-trade kept on the premises? Please circle: 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, pain thinners, special cleaners, etc.)? Please circle: Yes                      No  
 If so, what is the material, how much is being kept at the premises, and where it is stored? \_\_\_\_\_  
 \_\_\_\_\_
  
5. Does the material require any special training for use or special storage provisions? Please circle Yes                      No
6. Are any permits required for their storage or use? Please circle: Yes                      No  
 If so, please provide a copy of the permit.
7. What work will be done on the premises? \_\_\_\_\_  
 \_\_\_\_\_
8. Where will the work be done? \_\_\_\_\_
9. What will the hours of operation be? \_\_\_\_\_
10. If all the work is not done at the premises, where else will it take place? \_\_\_\_\_  
 \_\_\_\_\_
  
11. Are there any employees of the business who are not members of the family or bona fide occupants of the dwelling? Please circle: Yes                      No  
 If there are, how many? \_\_\_\_\_  
 Where do they work? \_\_\_\_\_  
 If they are working from the residence, where do they park their vehicles? \_\_\_\_\_  
 \_\_\_\_\_
  
12. How many vehicles are involved in the business? \_\_\_\_\_ How many personal vehicles do you have? \_\_\_\_\_  
 Where are they parked? \_\_\_\_\_
13. Provide a description of the business vehicle(s) (state height, length, weight and number of passengers). Applicants may provide a colour photograph. \_\_\_\_\_  
 \_\_\_\_\_
  
14. Will the vehicle(s) exhibit any markings or logos identifying the business? Please circle: Yes                      No  
 The Applicant is responsible to ensure that vehicles are operated in compliance with *Truck Route Regulations*, etc.
15. Will there be any exterior indication to the public of this home occupation (noise, exterior activity, smoke, odors, traffic, signage, etc.)? Please circle: *(If the Applicant is erecting a sign, they must receive prior approval through separate Development Permit)* Yes                      No  
 If yes, please provide details. Failure to disclose anticipated impacts would be grounds for immediate revocation of the permit. \_\_\_\_\_  
 \_\_\_\_\_
  
16. Will there be any clients coming to the home? Please circle: Yes                      No  
 If yes, how many and what time(s) of day will they be coming to the home? \_\_\_\_\_  
 \_\_\_\_\_  
 Where will they park? \_\_\_\_\_



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## HOME OCCUPATION REGULATIONS

“Home Occupations” means any occupation, trade, profession or craft carried on by an occupant of a residential building as a use secondary to the residential use of the building, and which does not change the character thereof or have any exterior evidence of such secondary use other than a small name plate.

A home occupation may be permitted upon the completion of the Town of Drayton Valley’s Application for a Business License and the Questionnaire for Home Occupation and payment of the prescribed fee.

A home occupation shall comply with the following general regulations:

1. no variation from the external appearance and residential character of land or buildings shall be permitted, unless specifically permitted by the Development Authority;
2. no offensive noise, vibration, smoke, dust, odors, heat, glare, electrical or radio disturbance or unusual hours of operation shall be produced by the home occupation;
3. the privacy and enjoyment of adjacent dwellings shall be preserved;
4. home occupations shall not adversely affect the amenities of the neighbourhood;
5. home occupations may not occupy more than 25% of the gross floor area of the principal building (for child care, subject to Provincial Regulations);
6. use of accessory buildings is permitted;
7. signage for a home occupation may not exceed 0.275 square metres and must be placed flat against the building (front and back);
8. each application to operate a home occupation in a DC district requires the approval of Town Council;
9. the home occupation must not generate any pedestrian or vehicular traffic or parking in excess of that which is characteristic of the neighbourhood within which it is located;
10. the maximum number of employees for the home occupation (on site) shall not exceed three (3) at any one time; one of which may be a non-resident;
11. parking for all employees shall be maintained on site and not more than one commercial vehicle with one accessory trailer (gross vehicle weight cannot exceed 4500 kgs), used in conjunction with the home occupation, shall be parked or maintained on or about the site;
12. no visible outside storage related to the home occupation is permitted on or adjacent to the site;
13. must comply with all Town Bylaws;
14. licenses are valid from the date of approval until December 31<sup>st</sup> of the current year, unless sooner revoked or cancelled by the Town;
15. home occupation licenses apply only to the address as stated on the Application for Home Occupation, and does not constitute a building permit; and
16. a home occupation license may be revoked at any time if, in the opinion of the Development authority, the operator of a home occupation has violated any provisions or this Bylaw or the conditions of the License.

BUSINESS OWNER COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby certify that the information I have provided in the foregoing portion of this document is true to the best of my knowledge. I hereby confirm that I will abide by the above rules after I have received my Business License for a Home Occupation, knowing that failure to do so will result in cancellation of this License.

\_\_\_\_\_

APPLICANT SIGNATURE

\_\_\_\_\_

DATE

FOR OFFICE USE ONLY		
Zoning: _____	Permitted Use / Discretionary Use	Referral Required: Yes / No
Approved / Refused	_____	_____
	Planning & Development Officer	Date

**NOTE : PAYMENT OF BUSINESS LICENSE FEES (BY CHEQUE OR CASH) MUST BE SUBMITTED WITH THE APPLICATION. IF PAYMENT IS NOT PROVIDED AT THAT TIME, THE APPLICATION WILL NOT BE PROCESSED.**