

City of Wetaskiwin

Home-Based Businesses Application Package

- *Home Office, Minor Home-Based Business, Major Home-Based Business*
- *Note: Minor Home-Business and Major Home-Based Business are listed as a Discretionary Use in most zoning districts. Therefore, any Minor and Major Home-Based Business applications are required to enter a 21-day appeal period before a development permit can be issued. Within this appeal period, residents within a 76m radius of the proposed home-based business will be notified of the application and given the opportunity to appeal.*

Application Package Includes:

1. Development Permit Requirements
2. Fee Schedule
3. Development Permit Application
4. Business License Application
5. Pre-Authorized Credit Card Form

Applications can be:

1. Digitally submitted to permits@wetaskiwin.ca
2. Dropped off at 4705 50th Avenue, Wetaskiwin
3. Mailed to 4705 50 Avenue, Wetaskiwin, Box 6210, T9A 2E9 addressed to Development Services

For more information, call 780.361.4400 or e-mail permits@wetaskiwin.ca

Development Permit Requirements
1. Development Permit Requirements
1.1. Development Permit Application (Home Based Business) Form
1.2. A letter from the property owner granting permission of the home-based business.
2. Major Home-Based Businesses require a Site Plan that includes:
2.1. North arrow
2.2. Address of the property
2.3. Property lot dimensions
2.4. Location and dimensions of existing structures on site
2.5. Location of the required one (1) on-site parking stall for the Major Home-Based Business
2.6. Location of the required two (2) on-site parking stalls for the primary dwelling

Fee Schedule: Home-Based Business	Fees
Home Office	
Development Permit	\$75.00
Minor Home-Based Business	
Development Permit	\$75.00
Discretionary Use Notification	\$75.00
Major Home-Based Business	
Development Permit	\$150.00
Discretionary Use Notification	\$75.00

Application Date:

DP File:

Roll Number:

HOME-BASED BUSINESS PERMIT APPLICATION

1. Project Address:			
Project Address:	Plan:	Block:	Lot:
Zoning:	Permitted Use:	Discretionary Use:	
2. Applicant(s) Information:		3. Landowner(s) Information:	
Owner:	Tenant:	Same as applicant:	
Name:		Name:	
Address:		Address:	
City:		City:	
Province:	Postal Code:	Province:	Postal Code:
Phone:		Phone:	
Email:		Email:	
Unless otherwise noted, the applicant will receive electronic notification.			
4. Applicant's Signature:			
Applicant Signature:		Date:	
5. Business Description (Check one):			
Home Office	Minor Home-Based Business		Major Home-Based Business
	Variance Required: Yes No		Variance form must be submitted with the development permit if a variance is required.
Business Name:			
Business Description (list all business activities):			
Home-Based Business Value (i.e., startup costs, general operating value):			
Commencement Date:		Completion Date:	
Application cont. on next page.			

6. Operating Questions

a. Will there be any business traffic to the property?	Yes	No
If yes, specify the type of business traffic and the number of visits: _____		
1. Client)	2. Couriers)	3. Employees)
		4. Others)
b. Will you employ someone other than residents of the dwelling?	Yes	No
If yes, how many? _____		
c. How many vehicles associated with this business are kept at this property?	_____	
d. How many driveway parking spaces are available?	_____	
e. Will a trailer(s) and/or large equipment be required for this business?	Yes	No
If yes, how many trailer(s) and/or equipment? _____		
If yes, how many trailer(s) and/or equipment? _____		
If yes, what is the length? _____		
If yes, where is it/they stored? _____		
f. Will there be any outdoor storage?	Yes	No
If yes, what is being stored? _____		
If yes, where is it being stored? _____		

City Use Only:

Date Received:	Date Deemed Complete:		
Fees Received:	Receipt Number		
Received By:	Entered into Munisight:		
City BP File Number:	Variance Required:	Yes:	No:

Notes:

Application Date:

BL File:

BUSINESS LICENSE APPLICATION

New Business:	Change of Information:	Renew Inactive Business License:
1. Business Address:		
Address:	Plan:	Block: Lot:
City:	Province:	Postal Code: Zoning:
2. Business Information:		
Legal Company Name:	Operating Company Name:	
Business Description:		
Business Phone:	Business email:	
# of Full-Time Employees:	# of Part-Time Employees:	
What date will the business start:	Property Owner or Tenant:	
Is this business registered through the Provincial Registrar's Office? Yes: No:		
- If yes, a copy of the business registration is required with the application.		
Will this business require additional licenses? Yes: No:		
- If "yes," which license is required?		
Will the business have a liquor license? Yes: No:		
- If "yes," will minors be prohibited at any time during operations? Yes: No:		
- If "yes," what hours will a minor be prohibited?		
Will the business have an outdoor patio? Yes: No:		
- If "yes," will it serve liquor on the patio? Yes: No:		
Home Based? Yes: No:	If yes, DP File Number:	
3. Change of Information:		
If this is a change of information, what information has changed:		
4. City Information Services:		
The City of Wetaskiwin and its partners place business information online so citizens can locate businesses and service providers. Please confirm your desire to receive relevant business tips, information and whether you would like to share your business.		
Send me City-related information		
Advertise my business on the City's website		
Share my business information with the Chamber of Commerce		
Application cont. on next page.		

5. Owner/Head Owner(s) Information:		6. Applicant's Signature:	
Name:		<hr/> Applicant Signature	
Address:			
City:			
Province:	Postal Code:	<hr/> Application Date	
Phone:			
Email:			

Unless otherwise noted, the applicant will receive electronic notification.

The personal information collected on this form is being collected under the authority of Sections 33, 39 (1)(a)(b) and 40 (1) (a)(b)(c) of the Alberta Freedom of Information and Protection of Privacy Act (FOIP) , and Section 301.1 of the Municipal Government Act RSA 2000 (MGA). The information collected will be used to process your application(s). Your name, contact telephone number, and address may be used to carry out current and/or future construction, operating programs, services, or activities within the Municipality. If you have questions about the collection, use, or disclosure of the personal information provided, please contact the FOIP Coordinator at 780.361.4400.

City Use Only:	
Date Received:	Received By:
Fees Received:	Receipt Number
Notes:	

CREDIT CARD AUTHORIZATION FORM

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

Fee Amount: _____ Invoice/Account Number: _____

Memo: _____

I authorize the City of Wetaskiwin to charge the credit card indicated on this Credit Card Authorization form. This Credit Card Authorization is for service listed in the Memo, for the Fee Amount indicated above, and is valid for one time use only.

The City of Wetaskiwin will not keep Credit Card Authorization forms on file. Credit Card Authorization forms are stored for secure shredding once payment has been processed.

I, _____, certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the Fee Amount indicated in this form.

Cardholder Signature: _____ Date: _____

VISA: MasterCard:

Credit Card Number: _____ Expiry: _____

Name on Card: _____ CVV: _____