

Development Permit Application

Applicant/Business Name: _____

Address: _____

Lot: _____

Block: _____

Plan: _____

Tax Roll # _____

Land Use District: _____

PERMITTED

Or

DISCRETIONARY

Application Fee: _____

Invoice/Receipt # _____

Method of Payment: _____

HBB-ESThetics

DP Application # _____

DP # _____

NOD Issued Date: _____

APPROVED

or

REFUSED

Development Officer Signature: _____

Your personal information will be collected under the authority of Section 25 of the *Local Authority Freedom of Information and Protection of Privacy Act*. Information will only be used to administer the Business Licence application. If you have any questions about the collection please contact the Office of the City Clerk at 780-875-6184 or email cityclerk@lloydminster.ca.

Business Licence Application

BUSINESS LICENCE TYPE

The following questions will be used to determine the type of business licence you are applying for.

Will your business be located within the City of Lloydminster? *

- Yes
- No

Which of the following apply to your business? *



- Child Care Facility
- Not-for-Profit
- Farmers Market
- Mobile Vendor
- Pop Up Store
- Professional
- Youth Entrepreneur
- None of the above

PLEASE TELL US ABOUT YOUR BUSINESS

Please describe your business activity *

Nail Technician

What industry does your company fall under: *

81- Other Services (Except Public Administration)

Does your business sell any of these products? (Check all that apply)

- Tobacco/Flavoured, Vapour Products Retailer
- Cannabis Retailer

Business Licence Application

BUSINESS CIVIC/OPERATING ADDRESS

Is your business incorporated? *

- No
 Yes

First Name *

Last Name *

Province/State: *

Is this address a residential property in Lloydminster? *

- Yes
 No

Does the business have multiple physical locations in the City of Lloydminster? *

- Yes
 No

BUSINESS MAILING ADDRESS

Is the mailing address the same as the physical address? *

- Yes
 No

OTHER INFORMATION

Business Start Date *

1/1/2025

**How long has your company been in business (Years)? ***

0

Number of Full Time Employees (including owner): *

1

Number of Part Time Employees: *

0

What is the square footage of the business? *

046

Does your building/place of business have any of the following fire protection or door access outlined below? Check those that apply.

- A fire alarm system whose control features, including those for emergency voice communication systems, that is located behind a locked panel
- A fire alarm system in which manually operated devices require a key or device in order to be reset
- A fire alarm system in which the electrical circuit breaker is located within a locked panel or room
- An automatic sprinkler system in which the main control valve is locked in the open position
- An automatic sprinkler system in which the main control valve is located within a locked room or enclosure
- Firefighting standpipe and water supply connections that are in a locked room or area
- A key operated elevator control feature that will permit exclusive use of elevators by firefighting personnel
- A key operated elevator control feature that will switch selected elevators to operate on emergency power
- Locked access doors to a roof provided for firefighting purposes

Business Licence Application

Development Permit Application

A Development Permit is required when the proposed use has never been approved or has expired at a specific address. All uses must comply with district regulations in Land Use Bylaw 5-2016 being the bylaw to regulate the use and enjoyment of the lands in the City.

Have you applied for a Development Permit? *

- Yes
 No

Business Activity/Description *



Other

Please describe your business activity *

I will offer nails design, lash extension and facials

PROPERTY OWNERSHIP

Is the address previously provided your primary residence? *

- Yes
 No

Are you the registered property owner or land owner? *

- Yes
 No

Is the property part of condo association? *

- Yes
 No

Is the property/land owned by a corporation? *

- Yes
 No

Will the property be used for the exchange or sale of goods and services? *

- Yes
 No

Are there any other businesses operating at this address? *

- Yes
 No

Is there a secondary suite/rental unit on this property/land? *

- Yes
 No

Does the proposed business occupy greater than 15% of the home-floor space (including the basement)? *

- Yes
 No

GENERAL BUSINESS

What days of the week will your business operate? (Please select all that apply) *

- Monday Tuesday Wednesday Thursday
 Friday Saturday Sunday

Hours of Operation - Business Open Time *

09:30 AM



Hours of Operation - Business Close Time *

04:30 PM



How many clients/customers per week will be coming into your property? *

15

Since more than 7 Clients/Customers per week will be coming to your home, you will require further evaluation with the Development Permit authority. Someone from the City of Lloydminster will contact you.

Is this dwelling in a Cul de Sac? *

- Yes
 No

Will you be erecting a sign for your office or business on your property? *

- Yes
 No

BUSINESS OPERATIONS

Will your business operations be visible from the street or neighbouring properties? *

- Yes
 No

Will your business be storing materials on the property? *

- Yes
 No

Will your business generate noise, vibration, smoke, dust, odour, heat or glare? *

- Yes
 No

Will you be using any large equipment or machinery to support your business beyond office/administrative? *

- Yes
 No

Besides your own personal vehicle, how many additional vehicles would be utilized by the business? *

0

Does this Business Support any of the following (select all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Adult Entertainment | <input type="checkbox"/> Dating or Escort Services |
| <input type="checkbox"/> Fleet Services | <input type="checkbox"/> Automotive Service or Repairs |
| <input type="checkbox"/> Industrial or Recreational Vehicle Sales, Rentals, storage, service, or repairs | <input type="checkbox"/> Any Industrial Use including salvaging, recycling, warehousing |
| <input type="checkbox"/> Use of Commercial Power Tools, machinery requiring any external venting, vacuums, blowers or exhaust ports | <input type="checkbox"/> Storage of hazardous, noxious or dangerous goods |
| <input type="checkbox"/> Animal breeding or overnight kenneling | <input type="checkbox"/> Radio Transmission equipment |
| <input type="checkbox"/> Sale, storage or service of firearms, fireworks or ammunition | <input type="checkbox"/> Cannabis production, distribution, sales, or lounge |

How many off street parking stalls are you providing? *

2

You will require further evaluation with the Development Permit authority. Someone from the City of Lloydminster will contact you.

Business Licence Application

CITY BUSINESS DIRECTORY

The **FREE** online Business Directory provides area visitors and residents with a data base of local organizations. This directory can be found on the City of Lloydminster website at lloydminster.ca/BusinessLicence.

Would you like your business to be featured on this FREE directory? *

- Yes, I consent to the directory
 No, I do not consent to the directory

Publish Internet Information *

- OPT IN OPT OUT

Publish Address Information *

- OPT IN OPT OUT

Would you like a paperless billing for your business licence invoice? *

- Yes
 No

Please provide email address for paperless billing: *

yanile1988@gmail.com

I hereby certify that the information contained in this application to be true and submit the application for the City of Lloydminster's consideration under Bylaw 26-2023

I am aware the a business licence is only valid for the address and business owner on the application. The City of Lloydminster must be notified any changes to location, ownership, or use.

Applicant Name (First and Last): *

Yanile Fuentes Benitez

Position: *

Manager and Owner

Applicant Signature: *

YANILE FB

Date: *

1/21/2025





March 3, 2025

Property Owner

RE: Landowner Notification
Development Permit – Discretionary Use
Development Permit Application No: 25-4745

Dear Property Owner:

Please take notice that a neighbor who is within a thirty (30) metre radius of your property boundary has submitted the following Development Permit Application for the purposes of a **Home-Based Business: Major (Esthetics)** at **5505 - 16 Street** and it is being reviewed in accordance with Land Use Bylaw 5-2016.

Affected Address	Discretionary Use	Application #
5505 - 16 Street Lot: 3, Block: 60, Plan: 102-6074	Home-Based Business: Major (Esthetics)	25-4745

The City of Lloydminster’s Land Use Bylaw 5-2016 grants the Development Officer the authority to consider the proposed use on this application. Any person that objects to the use may deliver to the Development Officer a written statement of their objections within fourteen (14) days of this letter indicating:

- Full name and address; and,
- Reasons for objection(s) to the proposed use.

Please note that a full name and address are required for submission of valid comment(s). If the submission is not accompanied by this information the written statement may be deemed invalid and rejected.

Written comments and general inquiries on the proposed use may be submitted by contacting:

Roxanne Shortt
City Operations Centre (6623 – 52 Street)
Phone: 780-874-3700 Ext 2608
Email: permits@lloydminster.ca

Additional information about the application can also be viewed on the City of Lloydminster website at:

<https://www.lloydminster.ca/business-building-development/planning-and-development/open-applications/>

To locate the information search under the Discretionary Permit and select the application number you wish to review.

If you have any questions, or require any clarification, please contact the undersigned at (780) 874-3700 or by email at permits@lloydminster.ca.

Sincerely,
City of Lloydminster

Roxanne Shortt

Roxanne Shortt, ALUP
Development Officer, Planning
Operations Centre