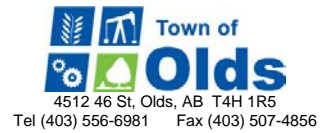


Home Occupation Permit Application



PLEASE PRINT

Application No: _____

Business License No: _____

NOTE: A Town of Olds Business License is also required.

A Town of Olds Home Occupation Application Fee of \$100.00 is due at the time of application. See Section 6(2) of Land Use Bylaw for Home Occupation guidelines.

Are you the current OWNER of the home from which you wish to operate a business? <input type="checkbox"/> Yes <input type="checkbox"/> No (If you are not the current owner, the Town of Olds requires a Letter of Approval from your Landlord)			
Name of APPLICANT		Home Tel	Home Fax
Mailing Address of APPLICANT			
Name of HOME-BASED BUSINESS			
Municipal (Street) Address of HOME-BASED BUSINESS (if different from above Mailing Address)			
Legal Land Description:	Lot	Block	Plan
Business E-mail address		Bus Tel	Bus Fax
Detailed Business Description (SEE PAGE 2)			

I hereby make application under the provisions of the Town of Olds Land Use Bylaw for a Home Occupation Permit in accordance with the information submitted herein and which forms part of this application. I certify that the information I have given is true and correct and agree to abide by all and any Bylaws, Rules and Regulations that are now or hereafter may be in force respecting the same or trade, business or calling hereby licensed. I further agree that no other type of business will be conducted other than that specified in the application, and I agree to abide by the additional conditions of approval as set out on the permit when approved.

If approval is given, I agree to apply for a Town of Olds Business License prior to starting my business operation.

Signature of APPLICANT

Date

PERMIT APPROVAL – OFFICE USE ONLY

Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ Approved by _____	Tax Roll No.	
	Fee paid \$	
	Receipt No.	Date

The personal information requested on this form is being collected in order to process your application and is governed by the Freedom of Information and Protection of Privacy Act (FOIP). If you have any questions with respect to the collection or release of this information, please contact the Town's FOIP Coordinator at (403) 556-6981.

Please answer all questions (an extra sheet may be used if necessary)

Municipal (Street) Address _____

1. Describe the nature of your business: _____

2. What are your business hours of operation? _____

3. What days of the week will your business be operating? _____

4. Will clients be coming to your home? Yes No
If yes, indicate how many clients per week? _____

5. Will deliveries be coming to your home? Yes No
If yes, indicate how many deliveries per week: _____

6. What is the total square footage of your home? _____ sq. ft.

7. What square footage of your home will the business occupy? _____ sq. ft.

8. Will you be using other buildings on your property for your business? Yes No
If yes, indicate which buildings: _____

9. Will you be hiring employees? Yes No
If yes, indicate how many employees other than yourself: _____
Do these employees live at your home? Yes No

10. How many off street parking stalls do you have available? _____

11. How many company vehicles are utilized for the business? _____