



CITY OF LACOMBE

5432-56 Avenue,
Lacombe AB, T4L 1E9
Fax 403-782-5655

Application for HOME OCCUPATION BUSINESS LICENCE

I/We hereby make application under the provisions of the Licensing By-Law #389 for a Home Occupation Business License.

Name: _____ Business Name: _____

Mailing Address: _____ Post Code: _____

Street Address: _____ Bus Phone: _____

Cell Phone: _____ Development Permit : _____

PLEASE STATE THE TYPE OF HOME OCCUPATION AND EXACT NATURE OF PROPOSED BUSINESS:

PLEASE STATE THE NUMBER OF VEHICLES OR EQUIPMENT TO BE USED FOR THE PROPOSED BUSINESS AND WHERE IT WILL BE PARKED (IF TRUCK PLEASE INDICATE SIZE)

Name of Registered Owner of the Property _____

If applicant is not the registered owner of the property, please submit a letter from the registered owners granting you permission to use the property for the proposed business.

Letter attached: _____

If applicant is an occupant of a mobile home in a trailer park, please submit a letter from the registered owner of the Trailer Park.

Letter attached: _____

New Application _____ Change of Ownership _____ Change of Location _____

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND ACKNOWLEDGE THAT ANY MISLEADING INFORMATION MAY RESULT IN THE REFUSAL/REVOCAION OF SUCH BUSINESS LICENCE

I HEREBY AGREE TO ALLOW THE CITY OF LACOMBE TO USE THE ABOVE INFORMATION FOR THE ONLINE BUSINESS DIRECTORY YES _____ NO _____

Signature: _____ Date: _____