

# RAYMOND

## DEVELOPMENT APPLICATION

### (Business License)

Application # _____	Land Use District: _____
Application Fee: _____	Received By: _____
Date Application Complete: _____	Office Use

I / WE hereby make application under the provisions of the Land Use Bylaw # 987-11 to apply for a permit to operate a business within the Town of Raymond.

Applicants Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Legal Description: Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_

Land District:     Commercial     Industrial     Public & Institutional  
                           Urban Reserve     Neighbourhood Commercial

Registered Owner's Name (if different): \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Proposed Occupation: \_\_\_\_\_

Summary of Proposed Occupation:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<u>Type of Operation:</u>	<u>Location on Site:</u>	<u>Storage Requirements:</u>	<u>Additional Requirements:</u>
<input type="checkbox"/> Phone and Office	<input type="checkbox"/> Main Building	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	<input type="checkbox"/> Water
<input type="checkbox"/> Retail Sales	<input type="checkbox"/> Accessory Building	List: _____	<input type="checkbox"/> Sewer
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Outside	_____	<input type="checkbox"/> Waste Material
<input type="checkbox"/> Service		_____	<input type="checkbox"/> Off-street Parking(Amount____)
<input type="checkbox"/> Other _____			<input type="checkbox"/> On-street Parking(Amount____)
<u>Noxious or Hazardous substance or waste:</u>		<u>Display Requirements:</u>	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Signs <input type="checkbox"/> Other	

I/We hereby certify that the information contained in this application, included any further information contained in attached materials is to the best of my knowledge true. I / We further certify that the owner of the land described above is aware of this application.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Property Owner:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 (if different than applicant)

210 N 200 W, P.O. BOX 629,  
 RAYMOND, AB, T0K 2S0



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 Raymond.ca