



5 St Anne Street
 St Albert, AB T8N 3Z9
 Phone (780) 459-1618
 Fax (780) 459-1733
www.stalbert.ca
 email: licensing@st-albert.net

BL # _____

HOME OCCUPATION QUESTIONNAIRE

- Owner
 Renter
 Condominium
 Single Family Dwelling

A. Explanation

1. Please write a brief explanation describing the nature and operation of your business i.e. what goods you sell, what services you provide, if you are just setting up an office from which to conduct a business, your hours of operation, etc.

B. Storage of Materials

1. Are materials and/or equipment (either small hand tools or large equipment) used in the operation of your business? Yes No
2. If yes, are these materials and/or equipment stored at your residence? Yes No
3. If yes, please indicate:
- (i) what kind they are: _____
- (ii) where they are stored: _____
- (iii) how much is stored: _____
- (iv) how long they are stored for: _____

C. Off-Residence Job Sites

1. Does your business involve providing goods or services at a job site(s) away from your residence? (eg. carpet cleaning, home renovations) Yes No
2. If yes, are materials delivered directly to the job site? Yes No
3. If no, where are they delivered first? _____
- _____
4. Between jobs, where do you store your tools and equipment and/or any left over materials? _____

D. Vehicles

1. Do you use a vehicle(s) in the operation of your business? Yes No
2. If yes, what kind of vehicle(s) and where is it (they) parked? _____
- _____
3. If the vehicle used is a truck, how much does it weigh? _____
- _____

E. Clients and Customers

1. Do you have clients or customers coming to your residence? Yes No
2. If yes, on what days and during which hours do they come to your residence?

3. How many clients or customers come to your residence during an average day?

4. How many clients or customers come to your residence during an average week?

5. How many clients or customers would be at your residence at one time?

6. While at your residence, where do your clients or customers park?

F. Delivery of Goods

1. Are goods or materials used in connection with your business delivered to your residence? Yes No
2. If yes, please indicate what kinds of materials are delivered. _____

3. How often and during what hours are materials delivered? _____

4. Do you deliver goods or materials to your customers? Yes No
5. If yes, who are your customers (Be general: i.e. households, supermarkets, retail stores, etc.) _____
6. How often are these goods delivered? _____

G. Advertising

1. How do you advertise your business? _____

H. Employees

1. Are you the sole employee of this business?
Yes
 No. How many other employees? _____
2. If no, do any other employees of the business work at your residence?
Yes. How many (excluding yourself) work from your residence? _____
No

Please draw a floor plan indicating what area of your home will be used for business. Please indicate room dimensions, areas and the placement of furniture or equipment to be used in the operation of your business.

Address

Date(mm/dd/yyyy)

Signature

The information on this form is collected solely for the purpose of administering the City of St. Albert's business license program. Where applicable, the information shall be administered in accordance with the *Freedom of Information and Protection of Privacy Act* (and other legislation governing the protection and disclosure of information).