

About this document

- For instructions on how to submit this application, refer to the appropriate permit requirement list on calgary.ca/carls
- If this application is related to a new or moved business, please start the process with a business licence application. For instructions on applying for a business licence, visit the 'How to Apply' section on: calgary.ca/startbusiness

SECTION 1: Who is applying?

Business owner Agent representing business owner

Applicant name:	Company name (if applicable):
Email:	Phone number (during business hours):



Correspondence will be sent to only the applicant

SECTION 2: Business Information

Business Address (including the unit number):	What floor is the Business on:	Total area of the Business: <input type="checkbox"/> ft ² <input type="checkbox"/> m ²
Name of the Business:	Business Identification Number (BID):	

SECTION 3: How will you be operating

1 Will the Business be: (check one that applies)

- | | |
|--|---|
| <input type="radio"/> Taking over an existing business | <input type="radio"/> Making changes to the current business (e.g. proposing new business activities) |
| <input type="radio"/> Taking over an existing business and making changes (e.g. proposing construction, changing menu items) | <input type="radio"/> New business in an existing building |
| <input type="radio"/> Sharing space with an existing business | <input type="radio"/> First tenant in a new building |

2 Provide a **detailed description** of your business



What services does your business provide? Include all business-related activities.

3	If you are proposing any changes to the business, please provide a description of these changes		<input type="checkbox"/> N/A
	 <i>Are you adding new business activities or square footage to your business. This includes if you will be expanding public area, adding a mezzanine, sales or display area.</i>		

SECTION 4: Construction information

1	Are you proposing any construction or alterations to the space?		<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Will there be any exterior changes?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe the changes:			
3	Are you the first tenant to occupy the space?		<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Are you moving, replacing, or constructing new walls, mezzanines or floor assemblies?		<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Are you sharing space with another tenant?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please indicate the business you are sharing space with and how you are each operating.			

SECTION 5: Site Characteristics

	 <i>The Matters Related to Subdivision and Development Regulation prohibits school, hospital, and residential uses from being approved within waste management facility setbacks. Click here for more information.</i>		
1	Does the proposal involve a school, child care facility, overnight medical facility, or residence?		<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Is a waste management, recycling, or wastewater treatment facility being proposed?		<input type="checkbox"/> Yes <input type="checkbox"/> No
3	If yes, will the waste management, landfill, waste storage site be operated by, or on behalf of, the City of Calgary		<input type="checkbox"/> Yes <input type="checkbox"/> No



You need only to complete the following sections if your business falls within one of the business types below.

SECTION 6: Automotive business types

N/A

Automotive type definitions:

- **Passenger Vehicles** includes those such as cars, trucks, and vans
- **Commercial Vehicles** includes those such as buses, cube vans, dump trucks, flatbed trucks, or tractor trailers (4536 kg or greater)
- **Recreational Vehicles** includes those such as motor homes, travel trailers, fifth wheel travel trailer, or boats (provides accommodation)



One copy of a Site Plan and Floor Plan is required with this submission. You must indicate the location of all business-related parking on these plans. This includes display, customer, and employee parking. For details on the Site Plan requirements, please refer to this [checklist](#) and [click here](#) for sample drawings.

Will the Business: (check all that apply)

<input type="checkbox"/> Repair or Servicing Vehicles: (check all that apply) <input type="checkbox"/> Passenger Vehicles (3 or less at a time) <input type="checkbox"/> Passenger Vehicles (4 or more at a time) <input type="checkbox"/> Commercial Vehicles <input type="checkbox"/> Recreational Vehicles	<input type="checkbox"/> Vehicle Sales: (check all that apply) <input type="checkbox"/> Passenger Vehicles (5 or less at a time) <input type="checkbox"/> Passenger Vehicles (6 or more at a time) <input type="checkbox"/> Commercial Vehicles <input type="checkbox"/> Recreational Vehicles	<input type="checkbox"/> Vehicle Rentals: (check all that apply) <input type="checkbox"/> Passenger Vehicles (5 or less at a time) <input type="checkbox"/> Passenger Vehicles (6 or more at a time) <input type="checkbox"/> Commercial Vehicles <input type="checkbox"/> Gas Bar
<input type="checkbox"/> Auto Body/Paint Shop - repairing and painting of motor vehicle bodies	<input type="checkbox"/> Car Wash	<input type="checkbox"/> Other

Will any part of the business take place outdoors? Yes

If yes, please provide information on the type of activities taking place outdoors: No

Will there be any outdoor storage? Yes



If yes, any outdoor storage must be screened and shown on your site plan.

No

SECTION 7: Industrial, warehouse, manufacturing business types

N/A

1	Will there be the production food products?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Will there be storage of food products?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Will there be a sales and/or display area?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, what is the total size of the sales and/or display area?	<input type="checkbox"/> ft ² <input type="checkbox"/> m ²
4 Will there be an office area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the total size of the office space?	<input type="checkbox"/> ft ² <input type="checkbox"/> m ²
5 Will there be any business activities occurring outdoors including storage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe the outdoor business activities:	

SECTION 8: Food and beverage establishments – includes brewery, winery and distillery <input type="checkbox"/> N/A		
1 Will the Business: (check all options that apply)		
<input type="checkbox"/> Restaurant/Bar: Will you be selling alcohol? <input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/> Nightclub (allows for entertainment area over 10 m ²)	<input type="checkbox"/> Concession or Accessory Food (i.e. juice bar within an existing gym)
If Yes, minors (under 18) are: <input type="radio"/> Allowed at all times <input type="radio"/> Restricted at certain times <input type="radio"/> Restricted minors at all times	<input type="checkbox"/> Catering Service (food preparation/delivery, no customer pick-up)	<input type="checkbox"/> Specialty Food (i.e. deli, bakery etc.)
	<input type="checkbox"/> Dinner Theatre (minors allowed at all times)	<input type="checkbox"/> Outdoor Café (outdoor eating and drinking area)
<input type="checkbox"/> Brewery	<input type="checkbox"/> Winery	<input type="checkbox"/> Distillery
2 If your establishment offers dine-in, provide the following details about the seating area: <input type="checkbox"/> N/A		
<input type="checkbox"/> Existing – with no changes	What is the size of the seating area?	
<input type="checkbox"/> Existing – with changes	<input type="checkbox"/> ft ²	
<input type="checkbox"/> New seating area	<input type="checkbox"/> m ²	
Will your business provide entertainment (e.g. dance floor, live music or performance stage, recorded music) <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how large is the entertainment area:	<input type="checkbox"/> ft ² <input type="checkbox"/> m ²

SECTION 9: Entertainment, culture and leisure type businesses <input type="checkbox"/> N/A	
1 Will there be four or more mechanical or electronic games?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2 Will the primary business be for the rental of billiard tables, pool tables or similar games to the public?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3 Will internet or computer games be provided to four or more customers?	<input type="checkbox"/> Yes <input type="checkbox"/> No

4	Will you be providing indoor space for athletic, recreation or leisure activities (e.g. escape rooms)	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Will your business provide facilities for meetings, seminars, conventions, weddings or other special events?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Will the business provide the sale of food or beverages (including alcohol) during these events? NOTE: If yes, please answer questions in section 8	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 10: Care, health, fitness and instruction type businesses		<input type="checkbox"/> N/A
1	Will you be providing child care for children under the age of 13?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, complete and provide Child Care Services Information Form		
2	Will you be providing care to five or more persons who live full time in the facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, complete and provide Care Facility Information Form		
3	Will you be providing instruction, training or certification in a specific trade, service, or skill?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, complete and provide the Instructional Facility Information Form		
4	Will you be providing any type of health related services such as physical or mental health services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, complete and provide the Health Care Services Treatment Information Form		

SECTION 11: Pop-up and interim use businesses		<input type="checkbox"/> N/A
 <i>Pop-up and interim uses businesses must be located on the ground floor</i>		
1 When will the business Operate?		
Start Date:	End Date:	Total number of days operating:
2 Will any business activities take place outdoors?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe any outdoor business activities:		
3 Will more than 40 people occupy the space at any given time (including staff and customers)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
4 Provide a detailed description of your pop up/interim use business:		

5	Will the business be doing any hot works, welding, glass blowing wood working or carpentry?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Will the business include any food and/or alcohol related activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<div style="background-color: #f0f0f0; padding: 5px;">  Pop up and Interim Use businesses that involve food and/or alcohol-related activities will always require a building permit and business license. Businesses that involve in alcohol-related activities Alberta Gaming & Liquor Commission (AGLC) licence. We recommend that you contact AGLC (1-800-272-887) in order to determine their requirements and timelines in advance </div>		

SECTION 12: Office use only

Is a BP required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Notes:	
Is there a parcel warning about Subdivision and Development Regulation prohibited use setbacks?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 13: Applicant's Declaration

<input type="checkbox"/> In relation to the submission of this application, I confirm that I am: <ul style="list-style-type: none"> i. An owner of the parcel, an authorized agent of the owner of the parcel, or other person having legal or equitable interest in the parcel, and ii. If the parcel has a condominium board, I have consent from the condominium board to submit this application.
<input type="checkbox"/> In addition, I certify that all information submitted with this application, including information shown on plans and documents, to be true and correct. Incomplete or inactive applications may be cancelled or refused at the discretion of the proper authority in accordance with their respective bylaw.
<input type="checkbox"/> I agree to receive correspondence via electronic message related to this application.

FOIP DISCLAIMER: *The personal information on this form is being collected under the authority of section 5(1) of Bylaw 39M2018 and amendments thereto, as well as section 33(c) of the [FOIP Act](#). This information is being collected for the purpose of permit review and inspection processes and may be communicated to relevant City Business Units, utility providers, and Alberta Health Services.*

 *It may also be used to conduct ongoing evaluations of services received from Planning & Development. The name of the applicant and the nature of the permit will be available to the public, as authorized by the FOIP Act. You may direct questions about the collection, use or disclosure of your personal information by the City of Calgary at 800 Macleod Trail SE Calgary, Alberta in relation to this program by emailing the FOIP Program Administrator for Planning and Development at plngbldg@calgary.ca or by telephone at (403)268-5311.*