

**PRINT NEATLY****SECTION 1 - GENERAL** All applicants**Application type:**

- New business
- Change of address >> Previous business address:
- Change of ownership>> If business name will be changed, provide previous name:
- Business not based in Medicine Hat (but operating in Medicine Hat)

**Business name** (to appear on license):**Legal business name** (if different from name on left):**Type of business:**

- Typical business (most common)
- Contractor ..... **Complete section 5**
- Mobile food vendor..... **Complete section 6**
- Exempt professional
- Non-profit organization

**My business is/will be located:**

- In a commercial location  
in Medicine Hat ..... **Complete section 3**
- In my home in  
in Medicine Hat ..... **Complete section 4**
- Outside of Medicine Hat..... **Complete section 2**

**Describe the nature of your business:****SECTION 2 - NON-RESIDENT** Complete only if business is located outside Medicine Hat**A business which is not based in Medicine Hat is eligible for a Non-Resident Business License.**

Out-of-town businesses often operate within Medicine Hat, whether for a short time or an ongoing basis. For example, it could be a temporary store, a service provider, a contractor working on a specific job, etc.

**My business is located:**

- Outside city limits (within 35 km)
- Outside city limits (more than 35 km)

**My business will operate within Medicine Hat:**

- 7 days or less
- More than 7 days

**Start-of-work date for your business within Medicine Hat:**

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

**End-of-work date for your business within Medicine Hat:**

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

**Applicant name** (first and last names):**Applicant's phone number:****Applicant's business address** (outside Medicine Hat):**City/town of applicant:****Province of applicant:**

- Alberta Other:

**Best email address to contact you:**

**SECTION 3 - COMMERCIAL LOCATION** Complete only for commercial locations in Medicine Hat

**Applicant name** (first and last names):

**Applicant's home address:**

**Province of applicant:**

Alberta      Other:

**Business street address** (in Medicine Hat):

**Postal code of business:**

**Mailing address of business** (if different from above):

**Property owner of business location:**

**Do you know the name of the business which occupied this location previously?** (if applicable)

- No                       Yes  
 There has not been a previous business in this location

**Will the creation of a new city address be required for your business?**

- No                       Yes

**Will your business be sharing space with another business within one address?**

- No                       Yes

**Applicant's phone number:**

**City of applicant:**

Medicine Hat      Other:

**Business phone number:**

**Best email address to contact you:**

**Preferred contact method:**

- Business phone  
 Applicant's phone  
 Email

**Phone number of property owner** (if known):

>> **If yes, name of previous business in this location:**

>> **If yes, indicate reason that a new address is required:**

>> **If yes, indicate the name of the other business that will be sharing the space:**

**SECTION 4 - HOME BUSINESS** Complete only for Home Businesses in Medicine Hat

**Applicant name** (first and last names):

**Home Business street address** (in Medicine Hat):

**Postal code of Home Business:**

**Mailing address of Home Business** (if different from above):

**Total area of proposed business space:**

(combined work/storage)   sq.ft.  m<sup>2</sup>

**Home Business phone number:**

**Home Business email:**

**Preferred contact method:**

- Business phone
- Business email

**Is there another Home Business operating within this home?**

- Yes
- No

>> **If yes, briefly describe the other Home Business(es):**

**Attending the location of this Home Business will be:**

- Customers
- Off-site employee(s)
- Neither customer nor off-site employees
- Both customers and off-site employees

>> **Expected number of vehicle visits per week** (if applicable):

**Is there adequate off-street parking for customers and/or employees?**

- Yes
- No
- N/A

>> **If no, specify where customers/employees will park:**

**Are there commercial vehicles associated with the Home Business (including trailers) that will be parked/stored at the property?**

- Yes
- No

>> **If yes, list all vehicles and gross weight (kg.) of each:**

**Are there any business-related goods, materials or equipment (other than vehicles) that will be stored at this property?**

- Yes
- No

**If yes, describe what types of goods/materials/equipment:**

**If yes, indicate specifically where the goods/materials/equipment will be stored:**

**Are you the owner of the property where the Home Business will operate?**

- Yes
- No

>> **If no, complete LAND OWNER CONSENT section on page 4.**

**Is the property where the Home Business will operate a part of a condominium?**

- Yes
- No

>> **If yes, complete LAND OWNER CONSENT section on page 4.**

**VOLUNTARY WAIVER OF CLAIMS** Application for a Home Business (development permit)

This "Voluntary Waiver of Claims" allows the City of Medicine Hat to issue the Development Permit for the proposed development at the municipal address you provided, in order that you may commence with this development in advance of the appeal period expiry date. The appeal period expires 21 days from the first advertised date of the public notice.

By agreeing to the "Voluntary Waiver of Claims," you agree that should an appeal be made, you will cease the development pending the outcome of the appeal and waive all claims to compensation from the City of Medicine Hat for costs associated with that cessation and/or costs resulting from the outcome of the appeal.

Agreement of this "Voluntary Waiver of Claims" does not nullify your own right to an appeal. You may appeal any condition of approval on

the Development Permit to the Subdivision and Development Appeal Board.

Agreement to the "Voluntary Waiver of Claims" does not eliminate the need to comply with any and all conditions of a Development Permit.

Agreement to the "Voluntary Waiver of Claims" and the possession of a Development Permit does not eliminate the need for a Business License, Building Permit, or other required permits or authorization. Commencing development without first obtaining all necessary permits is not allowed and may result in fines.

**I have read, understood and agree to the "Voluntary Waiver Of Claims"**

**LAND OWNER CONSENT** Application for a Home Business (development permit)

**Home Business street address** (in Medicine Hat):

**Postal code:**

**Legal description of property** (if known):

Plan #:

Block #:

Lot #:

**Applicant name** (first and last names):

**As the owner/owners (or authorized representative) of the property described above,**

I/we have knowledge that the applicant which is indicated on this form is applying to operate a Home Business from the address indicated above, and I/we have knowledge of the nature of that proposed Home Business. Furthermore, I/we consent to having the applicant indicated on this form serve as my/our authorized agent to process this **Home Business Development Permit** from the City of Medicine Hat on my/our behalf.

Furthermore, as the owner/owners (or authorized representative) of the property described above:

- I/We authorize City of Medicine Hat staff to access the property when necessary to evaluate the site, relative to the application being made.
- I/We will cooperate with the City of Medicine Hat to provide all necessary application information requested by City staff to allow for the proper review of this application.
- I/We declare that all the information provided in this Land Owner Consent form is truthful, complete and accurate for the application being made.

**Name of property owner (1):**

**Signature of property owner (1):**

**Name of property owner (2)** (if applicable):

**Signature of property owner (2):**

**Name of property's authorized agent\*** (if applicable):

**Signature of property's authorized agent:**

\*This may be condominium corporation representative, legal representative or other authorized agent.

**Date:**

Day

Month

Year

Title: **Building Contractors, Certification Trades and Home Repair Conditions**

Number: 0004 / Department: Business Licensing / Effective date: January 1, 2013

**Purpose:**

Building Contractors, Certification Trades and Home Repair Services fall under the Licensing Bylaw No. 2339. Under the Licensing Bylaw, the License Inspector has the power to apply conditions to any Business License. This document will assist in explaining the conditions over those parties or persons providing building contractors, certification trades and home repairs in the City of Medicine Hat. These conditions cover a wide variety of subjects including; issuance of a Business License, certificates, tickets, and other requirements.

**1. Definitions**

- 1.01 "General Contractor" can apply for Building or Development Permits.
- 1.02 "Certification Trades" certified journeyman to work in the trade. Can only apply for a permit in their certified discipline.
- 1.03 "Home Repairs" (Handyperson) cannot apply for a Building or a Development Permit.
- 1.04 "Prepaid Contractor" means any Contractor that accepts money before work is complete.

**2. Conditions**

To obtain a Building Contractor, Certification Trade or Home Repair Business License the following conditions must be adhered to.

- 2.01 Attach a copy of all certificates, licenses or letters of approval issued by the Federal, Provincial or Municipal authorities.

- 2.02 A Certification Trade company must have at least one certified journeyman on staff. A copy of the certification is mandatory to obtain a Business License.
- 2.03 If the company accepts advanced payment (also known as prepayment of deposit) or progress payments for residential customers, a copy of the Provincial Prepaid Contractor License from Service Alberta is mandatory.
- 2.04 If the company does not have a Provincial Prepaid Contractor License from Service Alberta, the company will not accept advanced payment (also known as prepayment or deposit) or progress payments from residential customers. The company will only bill residential customers after the work is completed.
- 2.05 If the company only enters contracts with commercial businesses and does not contract with consumers or construction of a new home covered by the Alberta New Home Warranty Program or the National Home Warranty, a Provincial Prepaid Contractor License is not required.
- 2.06 If the company changes their method of operation and accepts advance payments or progress payments from residential customers the company will contact Service Alberta immediately at [www.servicealberta.ca](http://www.servicealberta.ca) or 1.877.427.4088. The company will also forward a copy of the Provincial Prepaid Contractor License to the City of Medicine Hat.

**I have read, understood and agree to the conditions above:**

I agree

**Signature of applicant:**

---

Title: **Mobile Food Vendor Conditions**

Number: 0009 / Department: Business Licensing / Effective date: January 1, 2019

**Purpose:**

Mobile Food Vendors fall under the Licensing Bylaw No. 2339. Under the Licensing Bylaw, the License Inspector has the power to apply conditions to any Business License. The basis for these conditions is to describe the regulations over persons providing mobile food products for sale in the City of Medicine Hat. These conditions cover a wide variety of subjects including: safety, issuance of a Business License, Public Health Inspector certificates, Safety Codes Services approval, Fire Department approval, location authorization letters, grey water dump station, and other requirements.

**1. Definitions**

- 1.01 "Mobile Food Unit" means a cart, trailer or a vehicle-mounted food service establishment designed to be readily movable.
- 1.02 "Residential Development" means any R-LD or R-MD district designated in our Land Use Bylaw No. 4168.
- 1.03 "Roadway" means a highway as defined in the Traffic Safety Act R.S.A. 2000 c.T-6, as amended or replaced from time to time.
- 1.04 "Location" means within 100 meters from the previous setting up.

**2. Conditions**

To obtain and maintain a Mobile Food Vendor License the following conditions must be adhered to:

- 2.01 A Mobile Food Vendor shall obtain and maintain a valid Business License for each Mobile Food Vendor unit.
- 2.02 A Mobile Food Vendor, while carrying on business, shall display the Business License on the applicable Mobile Food Vendor unit.
- 2.03 Before a Business License can be issued or renewed the applicant must provide the following requirements for each Mobile Food Vendor unit:
  1. Written approval from **Alberta Health Services**. For information on mobile food vending unit requirements, see Alberta Health Services Mobile Food Vending Units.
  2. Written approval from **Safety Codes Services**. Contact Safety Codes Services at (403) 529-8374.
  3. Written approval from **Medicine Hat Fire Services**. Contact Medicine Hat Fire Services at (403) 529-8282.
  4. A copy of the registration with license plate number and gross vehicle weight (GVW); GVW cannot exceed 6500 kgs. Contact the nearest registry office for more information.
- 2.04 Must dispose of all grey water at the City of Medicine Hat bulk industrial water station and wastewater disposal station located at 1257 Brier Park Way NW. For further information please contact **Environmental Utilities** at (403) 529-8176.
- 2.05 Must not carry on business on private property without obtaining the prior written consent of the private property owner, occupier.
- 2.06 Must not carry on business on City owned property without obtaining the prior written consent from the City department in care or management of that property, other than a roadway, if legally parked.

- 2.07 To use a City Park a written approval must be obtained from the Parks Superintendent. Contact **Parks and Recreation** at (403) 529-8333.
- 2.08 Written permission of the property owner or occupier must be immediately provided to a License Inspector or enforcement agency upon request.
- 2.09 A Mobile Food Vendor may carry on business on private or public property at any location, where the Mobile Food Vendor has obtained the consent of the property owner in writing, except the following:
  - Within three (3) metres of a building entrance or exit;
  - Within six (6) metres of an intersection;
  - Within three (3) metres of a back alley or lane;
  - Within three (3) metres of another pushcart or food service location;
  - Where the location of the pushcart and its operator does not leave a minimum pedestrian passageway of 2.5 metres between the closest of the pushcart or its operator and the curb or building;
  - Where the pushcart or its operator obstruct a transit zone, fire hydrant, driveway, loading zone, or emergency access;
  - Within ten (10) metres of the property line of any Residential Development;
  - Within ten (10) metres of existing eating establishment; and
  - The vehicle is not parked over night at vending locations, unless as part of a public event.
- 2.10 Mobile Food Vendors can operate from a roadway if they are legally parked and the window servicing the customer is facing the sidewalk. Customers cannot be allowed to enter the roadway for any reason.
- 2.11 The Mobile Food Vendor unit cannot be configured to permit customers to order or consume foods and beverages inside the motor vehicle.
- 2.12 Mobile Food Vendors are prohibited from parking or stopping longer than five (5) minutes in any Residential Development.
- 2.13 Mobile Food Vendors wishing to attend any public event must first contact the festival organizers directly to obtain permission to take part in an event on public property.
- 2.14 Clean up after service within a one block area, and surrounding area as necessary.
- 2.15 A Mobile Food Vendor may be required to move locations as directed by an enforcement agency of roadway operations for safety reasons or if an undesirable operating situation is perceived by the City of Medicine Hat.
- 2.16 Notwithstanding parking restrictions or land owner consent, Mobile Food Vendors are not to stay in one location and vend for a period of greater than four (4) hours, unless they are a part of a special event.

**I have read, understood and agree to the conditions above:** I agree**Signature of applicant:**

\_\_\_\_\_

**Type of vehicle that will be used as your Mobile Cooking Operation:** Truck or van Trailer Cart Other: **Type of fuel supply for vehicle engine:**

(If operation is a trailer, indicate fuel supply of the vehicle which will tow the trailer)

 Gasoline Diesel Electric Gas/electric hybrid Human-powered (e.g. pushcart) Other: **License plate number of your Mobile Cooking Operation** (if applicable):**Gross vehicle weight (kg) of Mobile Cooking Operation** (to nearest kilogram):**Source of electric power in your Mobile Cooking Operation:** Portable gas generator Vehicle-powered inverter Other: **Indicate the types of food and drinks that will be served:****PREPARING FOR MOBILE COOKING INSPECTIONS** (For your reference only)

After your application is processed, your Mobile Cooking Operation must be inspected by the City (we will contact you). This checklist will help you prepare for inspections of your unit. You do not need to submit this checklist.

**General requirements. Ensure that:**

- Alberta Health Services has approved the Mobile Cooking Operation
- Cooking equipment is attended at all times
- All required ventilation openings are open during cooking operations
- Cooking hood/ventilation system is free from grease
- The vehicle is parked 3m minimum from buildings, other vehicles & combustibles
- The vehicle is parked so as to not block fire hydrants, fire lanes, fire dept. connections, exits, etc.
- Wheel chocks are present if required

**Ensure employees are trained in:**

- Proper use of cooking equipment
- How to shut off fuel sources (e.g. propane, generators)
- How to notify fire dept. in an emergency
- Proper storage, handling and fueling procedures
- How to perform a leak test when required
- Proper use of portable fire extinguishers and hood extinguishing system

**Ensure portable fire extinguishers are:**

- Charged, not obstructed and in operating condition

- Located near cooking appliance, solid fuel storage and any portable energy source (e.g. generator)

**Hood fire suppression:**

- Ensure hood fire suppression system is charged and in operating condition
- Ensure hood fire suppression system interlock is installed

**Propane:**

- Ensure propane system is inspected before use
- Ensure propane detector is installed
- Ensure propane tanks are secured in upright position, and are within their hydrostatic test date
- Ensure propane system is in good condition and has been leak tested
- Ensure a leak test has been performed whenever a new tank is installed, or a modification to the system has been made
- Ensure documentation is available for all leak tests
- Ensure the main shut off is marked, in plain view and easily accessible
- Ensure the fuel supply is shut off when not in use, and while in transit
- For gas system piping, ensure a flexible connector is installed between the regulator outlet and the fixed piping system

**Electrical:**

- Ensure the electrical system, cords and other equipment are in good working condition
- Ensure electrical system and cords comply with the electrical code

**Ensure that generators:**

- Are positioned 3m minimum from buildings, structures, vehicles and combustibles
- Are exhausted in directions away from mobile cooking vehicle, other vehicles, buildings, structures, exits and openings
- Are protected from contact by the public
- During refueling, ensure generators are shut down and engine cooled
- If permanently mounted, are exhausted 3m minimum from propane tank vent
- Fuel supplies are properly stored

**Solid fuel:**

- Ensure combustible solid fuel is stored properly and away from combustibles and heat-producing appliances
- Ensure ashes, cinders and other debris is removed at end of day and stored in a proper container away from vehicle, buildings and combustibles

## SECTION 7 - ALTERATIONS/RENOVATIONS All applicants except out-of-town businesses

pg. 8

**Will there be immediate renovations or alterations to the business space?\***

Yes  No

\*Examples: structural changes, kitchen/bath renovations, expansion of space, combining bays, accessibility alterations, etc.

**Has a Building Permit been issued for renovations?**  
(if applicable)

Yes  No  I'm not sure

**If yes, indicate Building Permit number:**

**Regarding any outdoor sign, select all answers which are true:**

- I plan to install a new outdoor sign  
 I plan to change the size of an existing outdoor sign  
 I plan to change the design (but not size) of an existing outdoor sign  
 There will be no changes to any outdoor sign  
 N/A - I am applying for a Home Business license

>> **If yes, describe a description of intended renovations to the business space:**

**Renovations:** If renovations are planned for your business location and no Building Permit has been issued, there may be additional details that we will need to consider before your Business License can be issued.

>> **Outdoor Signs:**

If permits are required for outdoor signage for your commercially located business, we will contact you to discuss the details.

Signs which are visible from outside are not allowed for Home Businesses.

## SECTION 8 - SUBMITTAL All applicants

**By checking "I agree" below, you declare that:**

You agree to abide by all of the following provisions of the City of Medicine Hat: Licensing Bylaw No. 2339, Land Use Bylaw No. 4168 and Safety Codes Permit Bylaw No. 4438, and any other City bylaw pursuant to which permits or approvals are issued, and

You are the owner, or have received authorization from all property owner(s), to operate a business at the location provided in this application, and

You acknowledge that a new application and associated fees are required for Home Business approval whenever you change your residence, intensify the use of the Home Business, or if any of the information on the previous application changes, and

You are at least 18 years of age, or have an agent at least 18 years of age to sign/authorize on your behalf, and

All information provided is true and correct, and that you understand that it has the same force and effect as if made under oath.

**I have read, understood and agree to the conditions above:**

I agree

**Signature of applicant:**

\_\_\_\_\_

**Date:**

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

### Privacy policy

The personal information on this form is collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy Act (FOIP) to assess all matters relevant to your application for this license. The information collected shall be used by the City of Medicine Hat for the following purposes: (a) issue, renew or transfer license; (b) refuse to issue, renew or transfer a license; (c) revoke or suspend a license or any appeal initiated by an applicant for any decision related to an applicant's license. If you have any questions regarding the collection, use or disclosure of your personal information, please contact the City Clerk Department at 403-529-8221.