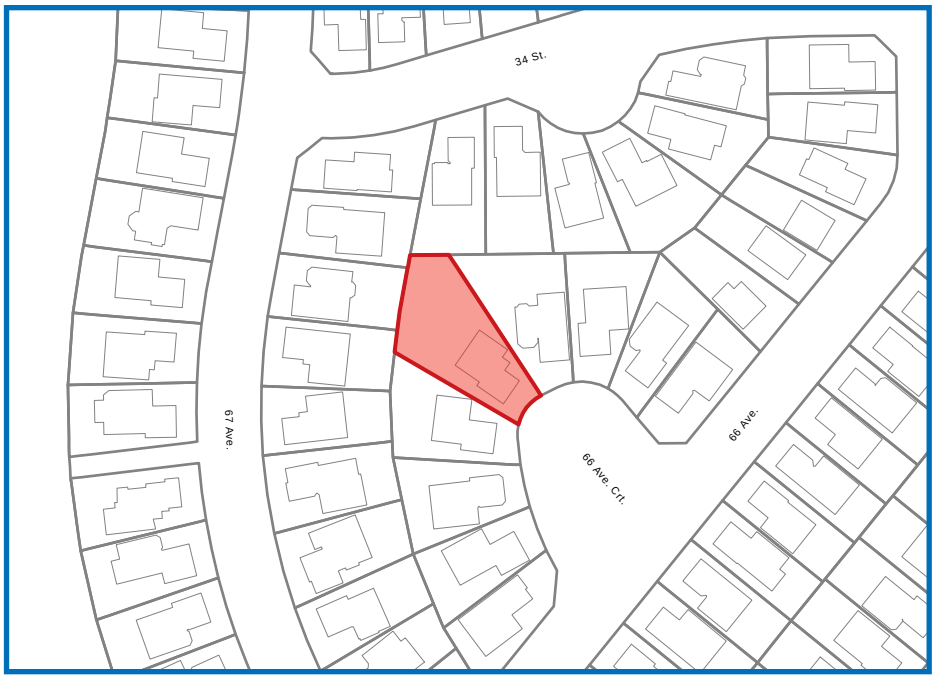
LLOYDMINSTER

Proposed Discretionary Use

MUNICIPAL ADDRESS

3110 66 Avenue Court
Lloydminster, AB

Date: 10/28/2026
File No.: 26-6484



☐ Legal Parcel ☐ Existing Building
☐ Subject Lands

N

0 20 40
Metres

Tell Us What You Think

Please submit any comments, concerns, or support surrounding this proposed development in writing to Planning Services no later than 11/12/2026 to be considered prior to a decision being made.

When submitting please include the following:

Your full name,
Your Municipal Address,
Reasoning supporting or opposing the development, and
Application number

Comments can be submitted by email to:
permits@lloydminster.ca

Or in person at:
City of Lloydminster Operations Centre
6623 52 Street
Lloydminster, AB, T9V 3T8

This notification is sent to all property owners within 100 m of the address listed to inform nearby residents that Planning Services has received an application for a Discretionary Use proposed at the indicated address.

Application Information

Proposed Use:
Home Based Business, Major

Type of Business: Hair Salon-Personal Service Shop

Proposed Days of Operation: Monday-Friday

Proposed Hours of Operation:
9:00 am to 8:00 pm

Proposed Maximum
Number of Daily Clients: 5

Number of Off-Street
Parking Stalls Provided: 4

Number of employees
not residing in the home: 0

Proposed Sign On-Site: No

Applications are reviewed based on the provisions of Land Use Bylaw 05-2025 along with any planning related concerns submitted.

For more information, contact Planning Services using the contact details below, or visit our website and search the listed application number or scan the QR Code.

lloydminster.ca/development

Development Permit Application

BUSINESS CIVIC/OPERATING ADDRESS

Is your business incorporated? *
- (•) No
- ( ) Yes

First Name * [redacted]

Last Name * [redacted]

Operating/Trade Name * [redacted]

Operating Address: * 3110 66 Avenue Crt

City: * Lloydminster

Province/State: * AB

Postal Code: * [redacted]

Email: * [redacted]

Phone Number: * [redacted]

Fax Number:

Is this address a residential property in Lloydminster? *
- (•) Yes
- ( ) No

Does the business have multiple physical locations in the City of Lloydminster? *
- ( ) Yes
- (•) No

BUSINESS MAILING ADDRESS

Is the mailing address the same as the physical address? *
- (•) Yes
- ( ) No

OTHER INFORMATION

Business Start Date *

11/1/2026

How long has your company been in business (Years)? *

3

Number of Full Time Employees (including owner): *

0

Number of Part Time Employees: *

1 (employee is the resident of the dwelling)

What is the square footage of the business? *

130

Does your building/place of business have any of the following fire protection or door access outlined below? Check those that apply.

- ☐ A fire alarm system whose control features, including those for emergency voice communication systems, that is located behind a locked panel
- ☐ A fire alarm system in which manually operated devices require a key or device in order to be reset
- ☐ A fire alarm system in which the electrical circuit breaker is located within a locked panel or room
- ☐ An automatic sprinkler system in which the main control valve is locked in the open position
- ☐ An automatic sprinkler system in which the main control valve is located within a locked room or enclosure
- ☐ Firefighting standpipe and water supply connections that are in a locked room or area
- ☐ A key operated elevator control feature that will permit excusive use of elevators by firefighting personnel
- ☐ A key operated elevator control feature that will switch selected elevators to operate on emergency power
- ☐ Locked access doors to a roof provided for firefighting purposes

CONTACT INFORMATION

Name: *

[redacted]

Position/Title: *

[redacted]

Phone Number: *

[redacted]

Email: *

[redacted]

PLEASE TELL US ABOUT YOUR BUSINESS

Please describe your business activity *

Part time hair salon in home 15-20 clients a week ish

What industry does your company fall under: *

81- Other Services (Except Public Administration)

Does your business sell any of these products? (Check all that apply)

- ☐ Tobacco/Flavoured, Vapour Products Retailer
- ☐ Cannabis Retailer

Applicant Name (First and Last): *

[redacted]

Position: *

[redacted]

Applicant Signature: *

[redacted]

Date: *

10/5/2026

Development Permit Application

A Development Permit is required when the proposed use has never been approved or has expired at a specific address. All uses must comply with district regulations in Land Use Bylaw 5-2025 being the bylaw to regulate the use and enjoyment of the lands in the City.

Have you applied for a Development Permit? *
- ○ Yes
- ◉ No

Business Activity/Description *

Other

Please describe your business activity *

Hair salon

PROPERTY OWNERSHIP

Is the address previously provided your primary residence? *
- ○ Yes
- ◉ No

You will require further evaluation with the Development Permit authority. Someone from the City of Lloydminster will contact you.

Are you the registered property owner or land owner? *
- ○ Yes
- ◉ No

Do you have the property/land owner approval? *
- ◉ Yes
- ○ No

Please upload Landowner approval document

Is the property part of condo association? *
- ○ Yes
- ◉ No

Is the property/land owned by a corporation? *
- ○ Yes
- ◉ No

Will the property be used for the exchange or sale of goods and services? *
- (•) Yes
- ( ) No

Are there any other businesses operating at this address? *
- ( ) Yes
- (•) No

Is there a secondary suite/rental unit on this property/land? *
- ( ) Yes
- (•) No

Does the proposed business occupy greater than 15% of the home-floor space (including the basement)? *
- ( ) Yes
- (•) No

GENERAL BUSINESS

What days of the week will your business operate? (Please select all that apply) *

- [x] Monday
- [x] Tuesday
- [x] Wednesday
- [x] Thursday
- [x] Friday
- [ ] Saturday
- [ ] Sunday

Hours of Operation - Business Open Time *

09:00 AM

Hours of Operation - Business Close Time *

08:00 PM

How many clients/customers per week will be coming into your property? *

18

Since more than 7 Clients/Customers per week will be coming to your home, you will require further evaluation with the Development Permit authority. Someone from the City of Lloydminster will contact you.

Is this dwelling in a Cul de Sac? *
- (•) Yes
- ( ) No

Will you be erecting a sign for your office or business on your property? *
- ( ) Yes
- (•) No

BUSINESS OPERATIONS

Will your business operations be visible from the street or neighbouring properties? *
- ( ) Yes
- (•) No

Will your business be storing materials on the property? *
- ( ) Yes
- (•) No

Will your business generate noise, vibration, smoke, dust, odour, heat or glare? *

- ○ Yes
- ◉ No

Will you be using any large equipment or machinery to support your business beyond office/administrative? *

- ○ Yes
- ◉ No

Besides your own personal vehicle, how many additional vehicles would be utilized by the business? *

0

Does this Business Support any of the following (select all that apply):

- ☐ Adult Entertainment
- ☐ Dating or Escort Services
- ☐ Fleet Services
- ☐ Automotive Service or Repairs
- ☐ Industrial or Recreational Vehicle Sales, Rentals, storage, service, or repairs
- ☐ Any Industrial Use including salvaging, recycling, warehousing
- ☐ Use of Commercial Power Tools, machinery requiring any external venting, vacuums, blowers or exhaust ports
- ☐ Storage of hazardous, noxious or dangerous goods
- ☐ Animal breeding or overnight kenneling
- ☐ Radio Transmission equipment
- ☐ Sale, storage or service of firearms, fireworks or ammunition
- ☐ Cannabis production, distribution, sales, or lounge

How many off street parking stalls are you providing? *

2 for customers 4 total on the property

You will require further evaluation with the Development Permit authority. Someone from the City of Lloydminster will contact you.

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Landowner Authorization Form

Landowner Information

Name(s): [redacted]	Contact Name: [redacted]
Contact Email: [redacted]	Contact Phone: [redacted]
Contact Mailing Address: 3110 66 Ave Court	

To Whom it May Concern,

With regards to 3110 66ave CRT
property address

please be advised that I, [redacted]
full name

☑ am the owner of the above mentioned property and that I authorize

☐ am an officer or director of the owner(s) of the above mentioned property and that I am authorized by the owner to authorize

Bailey McLaren (Bailey's Hair Bakes) and/or its _____
agent or company name — applicant, consultant, contractor (if applicable)

to apply for any and all Land use / Business license
permit type

for the above mentioned property.

I further agree to immediately notify the City of Lloydminster, in writing, of any changes regarding the above information.

October 22/26
date signed

[redacted]

Collection and Use of Personal Information: The personal information being collected on this form is for the purposes of processing and acting upon this application in accordance with the *Municipal Government Act* and is protected by the privacy provisions of the *Local Authority Freedom of Information and Protection of Privacy Act (LAFOIP)*. The City will not share your personal information for purposes outside of those stated without your permission in writing, unless there is a specific exemption stated in the *Municipal Government Act*.