

Business License # _____

Town of Langham 20__ Business License Application

Business Name	
Business Owner / Contact	
Mailing Address	
Phone Number(s)	
Type of Business	
Service Provided	
Website	
Webpage	
E-Mail Address	
Email renewal letter	<input type="checkbox"/>
Mail renewal letter	<input type="checkbox"/>

Office Use Only	
Date Issued	
License Purchased	
Fee Amount	
Expiry Date	
System Entry Date	