ess License#	
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Town of Langham Business License Application

Business Name	
Business Owner / Contact	
Mailing Address	
Phone Number(s)	
Type of Business	
Service Provided	
in the control of the property of the control of the property	

Office Use Only	
Date Issued	
License Purchased	
Fee Amount	Payment Method Chq / Cash / Other
Expiry Date	,
System Entry Date	