

# Town of Langham

## 20 \_\_\_ Business License Application

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

Contact Name: \_\_\_\_\_

Services Offered:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Application Type:

- Business License Application                      Type of Business: \_\_\_\_\_
- Home-Based Business complies with Section 4.11 of the Zoning Bylaw
- Commercial Business is a permitted or discretionary use in your current zoning district.
- This application complies with all relevant sections of the Zoning Bylaw \*\*

### Office Use Only

Business License # \_\_\_\_\_                      Type of License: \_\_\_\_\_

Date Issued: \_\_\_\_\_                      Date Expired: \_\_\_\_\_

Fee Amount: \_\_\_\_\_                      Staff Initials: \_\_\_\_\_