



City of Langford

www.cityoflangford.ca

Business Licence Number (For office use only)		Date
Business Licence Application		
Business Address:		Type of Business Licence Application <input type="checkbox"/> INTER-MUNICIPAL
Business Name		
City	Postal Code	Business Phone
Email Address	Cell / Other Phone	Business Fax
Mailing Address (if different from above)		
Corporate Name		
Inc. Number	Number of Employees	Nature of Business:
Type of Business (fill out all that apply)		
<input type="checkbox"/> Non-Resident <input type="checkbox"/> Commercial (Gross Floor Area <input type="text"/> sq. ft.) <input type="checkbox"/> Home-Based (Office Floor Area) <input type="text"/> sq. ft.		
Trade Qualification Number		Are you renovating or altering the premises <input type="checkbox"/> Yes <input type="checkbox"/> No
Business Owner Name		Phone:
Address		Postal Code:
Comments:		
Do we have permission to list your business name and contact information on the City of Langford Website		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> SHOW MY COMPANY NAME, ADDRESS AND PHONE NUMBER OR <input type="checkbox"/> SHOW MY COMPANY NAME AND PHONE NUMBER		