

Non-Resident Business Licence Application

Submit completed form to BusinessLicence@Langford.ca

OFFICE USE ONLY		
BL#:		
Fee:		

BUSINESS INFORMATION (* required	d fields)		
*Business Name:		Application Date:	
*Business Address:	City:	Postal Code:	
Mailing Address (if different from above):			
*Email:		Phone:	
Corporate Name:		Incorporation #:	
BUSINESS OWNER INFORMATION			
Name(s):			
Email:	Ph	Phone:	
BUSINESS LICENCE DETAILS			
*Langford Address:	City:	Postal Code:	
*Duration:to	Copy of Busine	☐ Copy of Business Licence from Home Municipality Provided	
(maximum of a twelve-mon	th duration)		
NATURE OF BUSINESS (description of	business and activities conducted		
SUPPLEMENTAL INFORMATION			
· · · · · · · · · · · · · · · · · · ·	urrent workload of the departments invol	applicant submitting all required information ved in the business licence permitting process,	
· · · · · · · · · · · · · · · · · · ·		ithin the City of Langford but carries out a business to operate at a specified location	
Privacy Act and will be used to administer Buth applicable City of Langford department	usiness Licence applications within the Cits and related agencies for the purpose of	ne Freedom of Information and Protection of ty of Langford. This information may be shared frequired inspections and approval of this stions about the collection, use, or disclosure of	
Applicant has read and agrees to comply wit commence business until such time as a bu		ne City of Langford. I understand I cannot	
Applicant Name	Applicant Signature	 Date	