

Notification of Media Production License

Date: [Insert Date]

[Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We are pleased to inform you that your application for a media production license has been reviewed and approved. This license allows you to engage in media production activities as specified in your application.

License Number: [Insert License Number]

Effective Date: [Insert Effective Date]

Expiration Date: [Insert Expiration Date]

Please ensure that you comply with all regulatory requirements and guidelines as outlined in the licensing agreement. Failure to adhere to these stipulations may result in revocation of the license.

For any questions or further information, please do not hesitate to contact us at [Insert Contact Information].

Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Organization's Address]

[City, State, Zip Code]