



BUSINESS LICENSE APPLICATION

City of Delaware City
407 Clinton Street – P.O. Box 4159
Delaware City, DE 19706

Name of Business: _____

Business Address: _____

Business Phone: _____ Alternate Phone: _____

Description of Business: _____

Email Address: _____

Type of Business: Corporation Partnership Sole Proprietor Mobile Internet

Other (explain) _____

Fed Tax ID No.: _____ State of Incorporation: _____

State of Delaware Business License Copy Attached

Board of Health Certificate Copy Attached (for food and/or beverage establishment or mobile business)

List ALL names & addresses of each officer of the business: (Attach a separate sheet if necessary)

Name	Title	Address	Email

Name	Title	Address	Email

Name	Title	Address	Email

The undersigned hereby submits this application for a City of Delaware City Business License for the licensing year January 1, 2019 through December 31, 2019 at a cost of \$50 per year.

I hereby affirm that the above information is correct and that I (we) will comply with the provisions of the Code of the City of Delaware City.

Owner (print or type name) Owner (signature) Date

*****OFFICE USE ONLY*****

APPROVED: _____
City Manager Building Official Date

Parcel #: _____ License #: _____ New License OR Renewal