



# Town of Georgetown New Business License Application

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

Business Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Description/Type of Business: \_\_\_\_\_ Days & Hours of Operation: \_\_\_\_\_

Federal I.D. Number: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_

\*\*Copy of State License Required to accompany application

Owner Name\* \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

\*\*If the applicant is a partnership, corporation, limited liability company (LLC), government or governmental agency, statutory trust, business trust, or two (2) or more persons having a joint or common trust or any other legal or commercial entity the names and addresses and telephone numbers of the individuals shall be provided. You may attach a separate sheet with this information.

Contact Name (if not owner): \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

### Mark Only One Category

- Out of Town Business Fee: \$120
- General Business located within Georgetown Town limits (1-10 employees) #\_\_\_\_\_ Fee: \$78
- General Business located within Georgetown Town limits (11-50 employees) #\_\_\_\_\_ Fee: \$180
- General Business located within Georgetown Town limits (51+ employees) #\_\_\_\_\_ Fee: \$270
- Non-Profit (Must provide documentation) Fee: \$0
- Storage Units      Number of Units: \_\_\_\_\_ Fee: \$2.40 per unit (\$270 maximum)

I certify, to the best of my knowledge, that the information on the application is true and correct and that a false answer can subject the application to denial or a license to revocation. I comply with all provisions of this chapter and all other laws and ordinances of the Town of Georgetown and other jurisdictions relating to the business or enterprise for which the license is required, including applicable zoning and building codes, and shall continue to do so throughout the term of the license. This application will be considered complete only when all sections have been completed in their entirety and payment received for the proper fees.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

### BELOW FOR OFFICE USE ONLY

Date/Initials received: \_\_\_\_\_ Amount Received: \$\_\_\_\_\_ CASH / CHECK # \_\_\_\_\_

Date/Initials entered in system: \_\_\_\_\_ Account # \_\_\_\_\_

Inspection By: \_\_\_\_\_ Copy of State Lic: \_\_\_\_\_ Date of Inspection: \_\_\_\_\_ Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Submit all requests to the Planning Department, 39 The Circle, Georgetown DE 19947  
Phone: (302)853-0104 Fax: (302)856-6348