

Town of Ocean View

Licensing Department ▪ 201 Central Avenue – 2nd Floor ▪ Ocean View, DE 19970

Phone: (302) 539-1208 ext: 110, 112, 113 or 121

Fax: (302) 537-5306

admintov@oceanviewde.com

www.oceanviewde.com

Business License Application

Business Name: _____ DBA: _____

Business Location Address: _____

Business Mailing Address: _____

Owner/Contact: _____ Title: _____

Business Phone #: _____ Cell Phone #: _____

E-Mail: _____ Emergency Phone #: _____

Type/Nature of business: _____

Is business operated from a residence within Town limits? Y / N (if yes, a Home Occupation form must be completed)

I/WE swear or affirm under penalty of perjury that all of the information provided on this business license application is true and correct and that the business will be operated in compliance with the TOWN CODE.

Date: _____ Owner or Officer: _____

(signature)

*** Failure to obtain the required Business License is a violation of the Town Code and subject to penalties. ***

Business licenses run concurrent with the calendar year (January 1st thru December 31st) and renewals are sent to the mailing address provided. The annual fee for a business license is \$150.00.

A late fee of \$40.00 is assessed for required renewals postmarked after the due date of January 1st each year.

Please submit the completed & signed Business License Application, a copy of a valid DE State Business License for the business, DE Professional License (if applicable) and proof of current liability insurance (if a contractor) for the business with a check payable to the TOWN OF OCEAN VIEW for \$150.00 to:

We accept Visa, MasterCard & AMEX.
Credit card transactions are subject to a 3% convenience fee. Please contact our office to make a credit card payment.

Town of Ocean View – Licensing • 201 Central Avenue – 2nd Floor • Ocean View, DE 19970

TOWN USE ONLY:

Date Recv'd: _____	Fee Enclosed: \$ _____	Method of Payment: _____	Recv'd by: _____
Approved by: _____	Date: _____	CTM#: _____ - _____ - _____ - _____	
<small>(approval by Town Manager or designee)</small>			
PIDN: _____ . _____	DE BL# _____	DE Prof. License #: _____	Processed by: _____
Invoice # _____	Customer ID# _____	BUSINESS LICENSE# _____	