## **Town of Ocean View**

Licensing Department • 201 Central Avenue – 2<sup>nd</sup> 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

## General Business Property Rental License Application

Name of Business ren	ting/leasing property:		
LOCATION of RENT			
Number:	Unit: Street:		
Property Owner Nam	ne & Mailing Address:		
Home Phone #:		Cell Phone #:	
E-Mail:		Emergency Phone #:	
Realtor/Property Ma	nager (if applicable):		
Business Phone #:		Cell Phone #:	
E-Mail:		Emergency Phone #:	
Date:Owner or Officer:  The annual fee for a rental license is \$75.00. Rental lic calendar year (January 1st thru December 31st) and renewal provided. Rental Licenses are required for each unit/structu at a single location or in an individual building that businesses/individuals require four separate applications for A late fee of \$40.00 is assessed for renewals postmaterial January 1st each year.  Please submit the completed Rental License A		es run concurrent with the re sent to the mailing address hat is rented: e.g four units e rented to different our separate rental licenses.	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.  yable to the TOWN OF OCEAN
*** NOTE: No Rental Lice	View – Licensing • 201 Ce onse will be issued until Rental Licen quired Rental license is a violation of	se fees for all prior years have	
Date Recv'd:	Fee Enclosed: \$	Method of Payment: _	Recv'd by:
CTM#:	unit	PIDN:	Processed by:
A	pproved by:	Manager or designee)	e:
Invoice #	Customer ID#	RENTA	L LICENSE#
			CFMaM 110116