

OCEAN VIEW BUSINESS LICENSE APPLICATION

Office: 302-539-1208

(Please Print)

Fax: 302-537-5306

NAME OF BUSINESS: _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

PHONE: BUSINESS (____) _____ - _____ **EMERGENCY** (____) _____ - _____

CELL: (____) _____ - _____ **E-MAIL:** _____

If sole proprietor provide: name and address. A partnership, firm, association or LLC: names and addresses of principal members. A corporation: names, addresses and titles of principal officers in the State of Delaware

Name(s): _____

Address: _____

Title(s): _____

Describe nature of activity for which this Business License is requested: _____

Is business operated from a home / residence? ___ YES ___ NO *(if yes a Home Occupation form must be completed)*

The annual fee for a business license is \$150.00. Business licenses run concurrent with the calendar year (January 1st thru December 31st) and renewals are sent to the mailing address provided. A late fee of \$40.00 is assessed for required renewals postmarked after the due date of January 1st each year.

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)

INSTRUCTIONS:

1. Complete **ALL** information requested and date and sign the application before forwarding.
2. Owner, Partner, Member, or Officer **must** sign the application.
3. Submit completed Business License Application Form(s), a copy of a valid DE State Business License, DE Professional License *(if applicable)* and proof of liability insurance for the business with a check made payable to the TOWN OF OCEAN VIEW in the amount of \$150.00 to:

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

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

TOWN USE ONLY:

Date Recv'd: _____ Fee Enclosed: \$ _____ Method of Payment: _____ Recv'd by: _____

Approved by: _____ Date: _____ CTM#: _____ - _____ - _____
(approval by Town Manager or designee)

PIDN: _____ . _____ DE BL# _____ DE Prof. License #: _____ Processed by: _____

Invoice # _____ Customer ID# _____ **BUSINESS LICENSE#** _____