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

CFMcM 110116

Real Estate Agent Business License Application

Applicant Name:			Sales:	Rentals: Both:
Mailing Address:				
Phone - Cell/Other: (E-mail:		
Company Affiliation:				
Mailing Address:				
Physical Address:				
Phone – Business: (Contact Person:		
assessed for required renewa I/WE swear or affirm under penalt and t	ru December 31st) and renewals postmarked after the due day of perjury that all of the information that the business will be operated in	ate of January 1st. on provided on this Real Estate Age compliance with the CODE of the	gent business lic	ense application is true and correct View.
	(Signature)		Date:	
 INSTRUCTIONS: Complete <u>ALL</u> information requested, sign, and date the application before forwarding. Submit completed R.E. Agent Business License Application Form(s) and agent's DE Professional License along with a check made payable to the 			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.	
	IEW in the amount of \$100 iew – Licensing • 201 C		oor • Ocea	n View DF 10070
	ired R.E. Agent Business lice			
	_ Fee Enclosed: \$	Method of Payment: Recv'd by:		
Approved by:	(approval by Town Manager or designee)	Date:		
DE Prof. License #:	Agency/Br	roker License #:		Processed by:
Invoice #	Customer ID:	R.E.A. BUSINESS LICENSE #		