

TOWN OF SELBYVILLE

SINGLE UNIT RENTAL

BUSINESS

YOU MUST HAVE TENANT NAME AND PHONE NUMBER ON APPLICATION. ALL INFORMATION MUST BE COMPLETE OR YOUR APPLICATION WILL NOT BE ACCEPTED.

RENTAL LOCATION: _____
STREET ADDRESS

NAME OF BUSINESS: _____

NAME OF TENANT: _____ TENANT PHONE NUMBER

BILLING ADDRESS: _____ STREET ADDRESS
NAME OF OWNER

PHONE NUMBER CITY/TOWN STATE ZIP CODE

EMERGENCY PHONE NUMBER: _____

IS THIS PROPERTY PROTECTED BY A SMOKE DETECTOR? YES _____ NO _____

THIS STATEMENT CERTIFIES THAT THE PROPERTY SUBJECT TO THIS REPORT MEETS OR EXCEEDS ALL THE REGULATIONS AND CONDITIONS IMPOSED BY THE LAWS OF THE STATE OF DELAWARE AND THE LAWS, ORDINANCES AND REGULATIONS OF THE TOWN OF SELBYVILLE. I UNDERSTAND THAT ANY FALSE STATEMENTS, NONPAYMENT OF FEES, TAXES AND/OR ASSESSMENTS COULD RESULT IN REVOCATION OR DENIAL OF LICENSE.

I HEREBY SWEAR/AFFIRM UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT.

I FURTHER CONSENT TO INSPECTION OF THE PREMISES BY THE TOWN OF SELBYVILLE, ITS AGENTS AND EMPLOYEES, FOR THE PURPOSE OF VERIFYING INFORMATION ON MY APPLICATION.

FEE \$ 50.00

SIGNATURE OF OWNER DATE

APPROVED _____ DISAPPROVED _____

DATE _____