



TOWN OF SELBYVILLE  
 1 W Church Street, Selbyville, DE 19975  
 TEL (302) 436-8314  
 selbyville.delaware.gov

DATE OF APPLICATION \_\_\_\_\_

**BUSINESS LICENSE APPLICATION**

BUSINESS INFORMATION	
Name of Business: _____	
T/A Business Name: _____	
Business Address: _____	
County: _____	Phone #(s): _____
BUSINESS OWNER INFORMATION	
<u>Sole Proprietor</u>	
Name: _____	Phone #(s): _____
Email: _____	_____
<u>Partnership</u>	
1. Name: _____	Phone #(s): _____
Email: _____	_____
2. Name: _____	Phone #(s): _____
Email: _____	_____
3. Name: _____	Phone #(s): _____
Email: _____	_____
<u>Corporation</u>	
President: _____	Phone #(s): _____
Email: _____	_____
Vice President: _____	Phone #(s): _____
Email: _____	_____
Treasurer: _____	Phone #(s): _____
Email: _____	_____
Billing Address: _____	
County: _____	Phone #(s): _____

Nature of Business: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**YOUR ISSUED LICENSE MUST BE DISPLAYED PROMINENTLY AT YOUR BUSINESS.  
 SEE SECOND PAGE**

OFFICE USE ONLY	
Date Received: _____	FEE: <b>\$75.00</b>
<input type="checkbox"/> APPROVED Date: _____	Date Paid: _____
<input type="checkbox"/> DENIED Date: _____	Date Issued: _____



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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 THAT THE BUSINESS DOES AT ALL TIMES CONFORM TO ALL REGULATIONS AND REQUIREMENTS UNDER TITLE 4, ALCOHOLIC LIQUORS, OF THE DELAWARE CODE. (IF APPLICABLE)

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 MAYOR AND COUNCIL OF THE TOWN OF SELBYVILLE, ITS AGENTS AND EMPLOYEES FOR THE PURPOSE OF VERIFYING INFORMATION ON MY APPLICATION.

\_\_\_\_\_  
SIGNATURE OF OWNER

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE