BUSINESS LICENSE APPLICATION

**BUSINESS INFORMATION**
- Name of Business:
- T/A Business Name:
- Business Address:
- County:
- Phone #(#s):

**BUSINESS OWNER INFORMATION**

**Sole Proprietor**
- Name: __________________________
- Phone #(#s): __________________________
- Email: __________________________

**Partnership**
1. Name: __________________________
   - Phone #(#s): __________________________
   - Email: __________________________
2. Name: __________________________
   - Phone #(#s): __________________________
   - Email: __________________________
3. Name: __________________________
   - Phone #(#s): __________________________
   - Email: __________________________

**Corporation**
- 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**
- Fee: $75.00

- □ APPROVED  Date: ____________  Date Paid: ____________
- □ DENIED  Date: ____________  Date Issued: ____________

03/14/2022
TOWN OF SELBYVILLE
1 W Church Street, Selbyville, DE 19975
TEL (302) 436-8314
selbyville.delaware.gov

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 COMFORM 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

DATE OF APPLICATION___________

03/14/2022