



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

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

## VENDOR 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): _____

PLACE TO CONDUCT BUSINESS: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

**\*\*MUST PROVIDE A COPY OF THE CERTIFICATE OF LIABILITY INSURANCE LISTING THE TOWN OF SELBYVILLE AS AN ADDITIONAL INSURED\*\***

**YOUR ISSUED LICENSE MUST BE DISPLAYED PROMINENTLY AT YOUR VENDOR BOOTH.**

OFFICE USE ONLY	
Date Received: _____	FEE: <b>\$25.00</b>
<input type="checkbox"/> APPROVED Date: _____	Date Paid: _____
<input type="checkbox"/> DENIED Date: _____	Date Issued: _____