



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

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

**SINGLE UNIT BUSINESS RENTAL**

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

PROPERTY INFORMATION	
Rental Address:	
Name of Business:	
Is this property protected by a smoke detector?	<input type="checkbox"/> YES <input type="checkbox"/> NO
TENANT INFORMATION	
Name:	Phone #(s):
Email:	
LANDLORD INFORMATION	
Name of Owner:	Emergency Phone #(s):
Email:	
Billing Address:	

**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 THE 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.**

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

\_\_\_\_\_  
 DATE

OFFICE USE ONLY	
Date Received: _____	FEE: <b>\$125.00</b>
<input type="checkbox"/> APPROVED Date: _____	Date Paid: _____
<input type="checkbox"/> DENIED Date: _____	Date Issued: _____