



TOWN OF SELBYVILLE
 1 W Church Street, PO Box 106, Selbyville, DE 19975
 TEL (302) 436-8314
 selbyville.delaware.gov

DATE OF APPLICATION _____

OUTSIDE CONTRACTOR BUSINESS LICENSE APPLICATION
 (Business Located Outside of Town that provides service within Town)

Annual Fee \$125.00 valid January 1st – December 31st

BUSINESS INFORMATION	
Name of Business:	
T/A Business Name:	
Business Mailing Address:	
Physical Business Address:	
County:	Phone #(s):
State License #:	
Employer Identification #:	
BUSINESS CONTACT INFORMATION	
Contact Person:	Phone #(s):
Email Address:	
Alternate Phone #:	

Business Description: _____

I acknowledge by my signature that the above statements are true to the best of my knowledge.

 APPLICANT SIGNATURE

 DATE

Business License Requirement:

All contractors AND subcontractors must obtain a business license to perform work within the Town of Selbyville. All contractors seeking to obtain a new license or to renew their existing license are required to submit a current copy of their State of Delaware Contractor’s License and proof of liability insurance and/or bonding. Any application submitted without this information will not be processed.

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