



DATE OF APPLICATION _____

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

MULTIPLE UNIT BUSINESS RENTAL

YOU MUST HAVE TENANT NAME AND PHONE NUMBER FOR EACH RENTAL. ALL INFORMATION MUST BE COMPLETE OR YOUR APPLICATION WILL NOT BE ACCEPTED.

OWNER INFORMATION	
Name:	Phone #(s):
Email:	
BILLING INFORMATION	
Address:	
Email:	Phone #(s):
RENTAL UNITS	
1. Address: _____	
Business Name: _____	
Tenant Name: _____	Tenant Phone #(s): _____
2. Address: _____	
Business Name: _____	
Tenant Name: _____	Tenant Phone #(s): _____
3. Address: _____	
Business Name: _____	
Tenant Name: _____	Tenant Phone #(s): _____
4. Address: _____	
Business Name: _____	
Tenant Name: _____	Tenant Phone #(s): _____
5. Address: _____	
Business Name: _____	
Tenant Name: _____	Tenant Phone #(s): _____
6. Address: _____	
Business Name: _____	
Tenant Name: _____	Tenant Phone #(s): _____
7. Address: _____	
Business Name: _____	
Tenant Name: _____	Tenant Phone #(s): _____
8. Address: _____	
Business Name: _____	
Tenant Name: _____	Tenant Phone #(s): _____
9. Address: _____	
Business Name: _____	
Tenant Name: _____	Tenant Phone #(s): _____
10. Address: _____	
Business Name: _____	
Tenant Name: _____	Tenant Phone #(s): _____
Is each building protected by a smoke detector? <input type="checkbox"/> YES <input type="checkbox"/> NO	

**ANNUAL FEE DUE DECEMBER 31st: \$125.00 PER UNIT
A \$25 LATE FEE PER UNIT WILL BE APPLIED 15 DAYS AFTER THE DUE DATE.**

SEE SECOND PAGE



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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 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

10/16/2024