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

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?	☐ YES	☐ 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

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

OFFICE USE ONLY	
Date Received:_____	ANNUAL FEE: **$125.00**
☐ APPROVED Date: _____	Date Paid:_____
☐ DENIED Date: _____	Date Issued:_____

10/16/2024