



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

DATE OF APPLICATION _____

BUSINESS LICENSE APPLICATION

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

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): _____

Nature of Business: _____

Business License Requirement:

All businesses seeking to obtain a new license or to renew their existing license are required to submit a current copy of their State of Delaware Business License. Your issued license must be displayed prominently at your business.

SEE SECOND PAGE



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

DATE OF APPLICATION _____

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 THAT THE BUSINESS DOES AT ALL TIMES CONFORM TO ALL REGULATIONS AND REQUIREMENTS UNDER TITLE 4, ALCOHOLIC LIQUORS, OF THE DELAWARE CODE. (IF APPLICABLE)

I HEREBY SWEAR/AFFIRM UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT.

I FURTHER CONSENT TO INSPECTION OF THE PREMISES BY THE MAYOR AND COUNCIL OF THE TOWN OF SELBYVILLE, ITS AGENTS AND EMPLOYEES FOR THE PURPOSE OF VERIFYING INFORMATION ON MY APPLICATION.

SIGNATURE OF OWNER

PRINT NAME

DATE

OFFICE USE ONLY

Date Received: _____

ANNUAL FEE: \$125.00

APPROVED Date: _____

Date Paid: _____

DENIED Date: _____

Date Issued: _____