



Town of Selbyville
1 W. Church St.
P.O. Box 106
Selbyville, DE. 19975

Town of Selbyville
Vendors License Application
Fee \$25.00

Date: _____

Name of Business: _____

Mailing Address: _____

E-Mail Address: _____

Contact Person: _____

Phone Number: _____

YOUR ISSUED LICENSE MUST BE DISPLAYED PROMINENTLY AT YOUR VENDOR BOOTH.

OFFICE USE ONLY:

Approved: _____

Disapproved: _____

Paid \$: _____

Date Paid: _____

Date Issued: _____