



TOWN OF SELBYVILLE

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

DATE OF APPLICATION: _____

OFFICE USE ONLY

Date Received: _____
ANNUAL FEE: \$125.00 PER UNIT
 APPROVED Date: _____
Date Paid: _____
Date Issued: _____
 DENIED Date: _____
Reason: _____

RENTAL LICENSE APPLICATION

SINGLE UNIT • MULTIPLE UNIT APARTMENTS • TRAILERS

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

08/19/2025

1. PROPERTY TYPE (CHECK ONE)

SINGLE UNIT (HOUSE OR TRAILER) MULTIPLE UNIT - APARTMENTS TRAILER PARK / MULTIPLE TRAILERS

2. SINGLE UNIT (HOUSE OR TRAILER) INFORMATION

Address: _____
Manager (If applicable): _____
Emergency Phone #(s): _____
Bedrooms: _____ Baths: _____ Occupants: _____
Square Footage of House/Trailer: _____
Bedroom Square Footage (if known):
Bedroom 1: _____ Bedroom 2: _____
Bedroom 3: _____ Bedroom 4: _____
Total of Bedrooms Square Footage: _____
Is this unit protected by a smoke detector? YES NO

TENANT INFORMATION (SINGLE UNIT)

1. Name: _____ Phone #(s): _____
2. Name: _____ Phone #(s): _____
3. Name: _____ Phone #(s): _____
4. Name: _____ Phone #(s): _____
If more than 4 tenants, please list on an additional sheet and attach.

4B. TRAILERS - UNIT INFORMATION (COMPLETE FOR EACH UNIT)

Unit #	Tenant Name	Tenant Phone #(s)

If more than the space above, please attach an additional sheet.

5. OWNER (LANDLORD) INFORMATION

Name on Deed / Owner Name: _____
Phone #(s): _____
Email: _____
Mailing Address: _____

3. MULTIPLE UNIT (APARTMENTS OR TRAILERS) SUMMARY

Address: _____
Manager: _____ Emergency Phone #(s): _____
Number of Apartments/Units: _____
Total Occupants Allowed (for entire property): _____
Square Footage of Building/Property (if known): _____
Are the units protected by smoke detectors? YES NO
Please complete Sections 4A or 4B below for each unit.

4A. APARTMENTS - UNIT INFORMATION (COMPLETE FOR EACH UNIT)

Unit #	# of Bedrooms	Bedroom Square Footage	# of Bedroom Occupants	# of Baths	Apartment Square Footage	Total Occupants

If more than the space above, please attach an additional sheet.

4C. APARTMENTS OR TRAILERS - TENANT LIST (OPTIONAL IF NOT LISTED ABOVE)

Unit #	Tenant Name	Tenant Phone #(s)

If more than the space above, please attach an additional sheet.

6. FEES

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

****CHAPTER 200-11C OF THE CODE OF THE TOWN OF SELBYVILLE STRICTLY PROHIBITS SHORT-TERM RENTAL OF ALL TYPES OF RESIDENTIAL DWELLINGS IN ALL ZONING DISTRICT IN THE JURISDICTIONAL LIMITS OF THE TOWN OF SELBYVILLE.**

IF YOU ARE FOUND TO BE OPERATING A SHORT-TERM RENTAL, YOUR RENTAL LICENSE WILL BE IMMEDIATELY REVOKED AND YOU WILL BE FINED EACH AND EVERY DAY THE VIOLATION EXISTS PER CHAPTER 200-149B & CHAPTER 200-149C OF THE CODE OF THE TOWN OF SELBYVILLE**

****SHORT-TERM RENTALS ARE DEFINED IN CHAPTER 200-3B OF THE CODE OF THE TOWN OF SELBYVILLE****

IT SHALL BE THE RESPONSIBILITY OF THE LANDLORD TO PROVIDE PROOF OF A BLOOD RELATIONSHIP IF MORE THAN FOUR (4) PERSONS OCCUPY A DWELLING UNIT. IF IT IS DISCOVERED THAT MORE THAN FOUR (4) UNRELATED PERSONS ARE OCCUPYING A DWELLING UNIT YOU WILL BE IN VIOLATION OF THE TOWN ORDINANCE #73 (MERCANTILE AND RENTAL UNIT LICENSING) AND/OR CHAPTER 200 (ZONING ORDINANCE). IF NOT CORRECTED, YOUR RENTAL LICENSE MAY BE REVOKED BY THE TOWN OF SELBYVILLE.

7. CERTIFICATIONS AND ACKNOWLEDGEMENTS

- This application 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.

8. SIGNATURE

I have read and understand the above statements and certifications.

Signature of Owner Date

Print Name

PLEASE PROVIDE COMPLETE AND ACCURATE INFORMATION.
CHANGE IN TENANTS DURING THE RENTAL YEAR MUST BE REPORTED IMMEDIATELY TO THE TOWN.