



CITY OF DELAWARE CITY
407 CLINTON STREET, PO Box 4159
DELAWARE CITY, DE 19706
BUSINESS LICENSE APPLICATION

NAME OF BUSINESS: _____

BUSINESS ADDRESS: _____

BUSINESS TELEPHONE: _____ CELL # _____

DESCRIPTION OF THE BUSINESS: _____

THIS BUSINESS IS A (CIRCLE ONE): Corporation Partnership Sole Proprietor Mobile Other
(explain) _____

FEDERAL I.D.: _____ STATE OF INCORPORATION: _____

*COPY OF DELAWARE BUSINESS LICENSE ATTACHED

* COPY OF BOARD OF HEALTH CERTIFICATE ATTACHED (for food and/or beverage establishment
or mobile business)

NAMES & ADDRESSES OF EACH OFFICER:

Name	Name	Name
Title	Title	Title
Address	Address	Address
Address	Address	Address

The undersigned hereby makes application for a City of Delaware City Business License for the licensing
year January 1, ____ through December 31, ____ at a cost of \$ _____ per year.

I hereby affirm that the above information is correct and that I (we) will comply with the provisions of the
Code of the City of Delaware City.

Owner (print or type name) Owner (signature) Date

NOTARY SIGNATURE EXPIRATION DATE SEAL

*****OFFICE USE ONLY*****

APPROVED: _____
City Manager Building Official

Parcel #: _____ License #: _____