



Town of Millville
 36404 Club House Road
 Millville, DE 19967
 (T) 302-539-0449 (F) 302-539-0879

APPLICATION FOR RENTAL LICENSE

Millville Town Use ONLY
 Invoice #: I__ - ____
 License #: L__ - ____

Residential _____ Business _____ **(Check One)**

ONE RENTAL UNIT per Application / Please Print All Information

****PLEASE COMPLETE AND RETURN (EITHER VIA MAIL, EMAIL (RCaporaletti@mvtown.com), OR FAX) EVEN IF NONE OF THE INFORMATION HAS CHANGED OR IF YOU WILL NOT BE RENEWING YOUR LICENSE THIS YEAR****

Has any of the information on record changed? If so, please include the updated information adjacent to the appropriate entry below so that we can update our records. Your assistance is greatly appreciated.

PROPERTY OWNER'S NAME (**REQUIRED**): _____

MAILING ADDRESS: _____

RESIDENCE PHONE () _____ EMERGENCY PHONE () _____

CELL: () _____ EMAIL: _____

RENTAL PROPERTY LOCATION:

House/Unit #: _____ Street: _____

I/We (**select one**) will will not be offering this property for rent this year.

- Have you, as current owners, previously offered the above property for rent? _____ Yes _____ No
- Have you filed the required gross receipts tax forms for the prior year? _____ Yes _____ No

****Owners with unpaid property taxes or gross receipts tax WILL NOT BE ISSUED a license until your account is current****
 Instructions:

Rental licenses run concurrent with the Town's fiscal year (May 1st thru April 30th) and renewals are sent to the mailing address provided.

A Late Fee of \$25.00 per application if payments are received after JUNE 1st.

1. Complete application.
2. Owner, partner, or officer must sign the application.
3. All annual licenses are effective May 1 thru April 30
4. FEE: Rental License per Year \$50.00 (\$25.00 After Nov. 1)
5. Make checks payable to TOWN OF MILLVILLE
6. Submit completed License Application with payment to:
7. Renewals are sent each year to the mailing address provided by the applicant.

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I/WE SWEAR OR AFFIRM UNDER PENALTY OF PERJURY THAT ALL OF THE INFORMATION PROVIDED ON THIS RENTAL LICENSE APPLICATION IS TRUE AND CORRECT.

Dated (**REQUIRED**): _____ Owner Signature (**REQUIRED**): _____

****License will be sent to the mailing address above****

This Section to be completed by Town Official

Received by: _____ Date: _____

Remittance Check Amount: _____ Check No. _____

County Property Map and Parcel No. 1 34- _____ - _____

Dated: _____ Approved by: _____