



TOWN OF MILLVILLE

36404 Club House Road, Millville, DE 19967

TEL (302) 539-0449 FAX (302) 539-0879

www.millville.delaware.gov

RENTAL LICENSE APPLICATION

INSTRUCTIONS:

1. ***If you will not be renewing your rental license, we ask that you complete the application and return by mail, fax or email to rcaporaletti@mvtown.com so we can update our records.***
2. Please review Chapter 90-Licenses on our website for complete licensing information.
3. Rental licenses run concurrent with the Town's fiscal year - May 1st thru April 30th.
4. One rental unit per application. Please print all information.
5. Renewal license applications are sent to the mailing address provided below.
6. Owners with unpaid property taxes or Gross Rental Receipt (GRR) taxes will not be issued a rental license until the account is current. For complete GRR information visit our website - Chapter 132; Article III. GRR Tax.
7. The annual rental license fee is \$50.00 payable to the Town of Millville (\$25.00 after November 1st). A late fee of \$25.00 per application if applications and payments are received after June 1st.
8. Owner, partner or rental agent must sign the application.
9. Submit the completed application with payment to the address above.

RENTAL PROPERTY OWNER			
OWNER'S NAME			
MAILING ADDRESS			
HOME PHONE		CELL	
EMERGENCY PHONE		EMAIL	
TYPE OF RENTAL <input type="checkbox"/> Residential <input type="checkbox"/> Business			
WILL PROPERTY BE OFFERED FOR RENT THIS YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO			
HAS THE PROPERTY BEEN PREVIOUSLY OFFERED FOR RENT? <input type="checkbox"/> YES <input type="checkbox"/> NO			
HAVE YOU FILED THE REQUIRED GROSS RENTAL RECEIPT TAX FORMS FOR THE PRIOR YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO			

RENTAL PROPERTY LOCATION			
COMMUNITY		TMP#	134- ____ . ____ - ____ . ____ Unit # ____
ADDRESS			
RE COMPANY NAME & ADDRESS (If Applicable)			
RENTAL AGENT NAME		CELL	
OFFICE PHONE		EMAIL	

I/We swear or affirm under penalty of perjury that all of the information provided on this application is true and correct.

Applicant's Signature: _____ Date: _____

TOWN OFFICIAL USE ONLY	
I 8 - _____	I 8 - _____
Received By: _____	Amount: \$ _____ Check# : _____ Date: _____
Town Official Approval: _____	Date: _____