



TOWN OF MILLVILLE
 36404 Club House Road, Millville, DE 19967
 TEL (302) 539-0449 FAX (302) 539-0879
 www.millville.delaware.gov

BUSINESS LICENSE APPLICATION

INSTRUCTIONS:

1. Complete and sign this application and submit along with a check payable to the TOWN OF MILLVILLE for the amount applicable fee (see #4 below) to the address above. **IF NONE OF YOUR INFORMATION HAS CHANGED, YOU ONLY NEED TO FILL OUT THE BUSINESS NAME, PHONE, EMAIL AND SIGN AND DATE AT THE BOTTOM AND SUBMIT APPLICATION WITH CHECK TO THE TOWN WITH A COPY OF YOUR DELAWARE STATE BUSINESS LICENSE.**
2. Please review Chapter 90-Licenses on our website for complete licensing information.
3. Submit a copy of your valid Delaware State Business License.
4. **FEE SCHEDULE:**

Annual Business License	\$100.00
☞ Annual License if purchased after Nov. 1 st	\$ 50.00
Temporary License (up to 30 consecutive days)	\$ 25.00
Late Fee if application is received after June 1 st	\$ 50.00
5. Business licenses run concurrent with the Town's fiscal year - May 1st thru April 30th. Renewal applications are automatically mailed out May 1st to the mailing address provided by the applicant and are by due June 1st. As per the Town's Clean Hands Policy, applicants with open accounts will not be issued business licenses until the account is current. For complete information, visit our website-Chapter 10-Clean Hands Policy.
6. Working without obtaining the required business license is a violation of the Town Code and subject to penalties.

BUSINESS NAME			
NATURE OF BUSINESS			
DBA (IF APPLICABLE)			
MAILING ADDRESS			
PHYSICAL LOCATION OF BUSINESS			
CONTACT PERSON & TITLE			
BUSINESS PHONE		FAX	
CELL PHONE		EMAIL	

I will comply with the provisions of Chapter 90 of the Town of Millville Code entitled "Licenses" which can be found on our website. I 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 - _____	L - _____	
Received By: _____	Amount: \$ _____	Check# : _____	Date: _____
Town Official Approval: _____	Date: _____		