



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

COMMERCIAL RENTAL 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 (see #3 below) to the address above. If you are not renting, return form so we can update our records.
2. Please review Chapter 90-Licenses on our website for complete licensing information.
3. **FEE SCHEDULE PER UNIT:** Annual Rental License \$50.00
 Late fee if received after June 1st \$25.00
4. Rental 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.
5. As per the Town's Clean Hands Policy, 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 information, visit our website -Chapter 10 Clean Hands Policy and Chapter 90-Licenses Article II Tax & Requirements on Rental Properties.
6. Chapter 90-Licenses states that renting or offering to rent without obtaining the required rental license for each unit is in violation of the Town Code and subject to penalties.
7. **ALL INFORMATION BELOW MUST BE COMPLETED OR APPLICATION WILL NOT BE PROCESSED.**

COMMERCIAL RENTAL PROPERTY OWNER

OWNER'S NAME			
MAILING ADDRESS			
PHONE		EMERGENCY PHONE	
EMAIL			
OFFERING <input type="checkbox"/> SEASONALLY <input type="checkbox"/> ANNUALLY			
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 (GRR) FORMS FOR THE PRIOR YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO			

COMMERCIAL RENTAL PROPERTY LOCATION

TMP#	134-____.____-_____.____ Unit # ____		
ADDRESS			
TENANT			
REALTOR (If Applicable)	AGENT NAME		
PHONE	EMAIL		

I/We swear or affirm under penalty of perjury, that all of the information provided on this application is true and correct and have read and understand the terms of Ordinance 20-07, Chapter 90-Licenses.

Applicant's Signature: _____ Date: _____

TOWN OFFICIAL USE ONLY

Cust ID: _____	I - _____	L - _____
Received By: _____	Amount: \$ _____	Check# : _____ Date: _____
Town Official Approval: _____	Date: _____	