



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

## BUSINESS LICENSE APPLICATION

**INSTRUCTIONS:**

1. Please review Chapter 90-Licenses and Chapter 10-Clean Hands Policy on our website (See above web address) for complete information.
2. Submit a copy of your valid Delaware State Business License. All CONTRACTORS are required to submit proof of liability insurance, issued in the name of the business.
3. FEE SCHEDULE:
 

|   |       |
|---|-------|
| <b>Annual Business License</b>  | \$100 |
| ☞ Annual License if purchased after Nov. 1 <sup>st</sup>  | \$ 50 |
| <b>Mobile Food Vendor Full-Year License</b>   | \$ 50 |
| <b>Temporary License</b> (up to 30 consecutive days)  | \$ 25 |
| <b>Late Fee</b> applied if business is invoiced and invoice is not paid by June 1 <sup>st</sup> | \$ 50 |
4. Business licenses run concurrent with the Town's fiscal year - May 1<sup>st</sup> thru April 30<sup>th</sup>. Renewal Invoices are **automatically** mailed out May 1<sup>st</sup> to the mailing address provided by the applicant and are by due June 1<sup>st</sup>  
 Check here if you would **NOT** like to renew your license after one year →
5. Working without obtaining the required business license is a violation of the Town Code and subject to penalties.
6. **Please send back and or contact us if you will not be renewing your business license for the fiscal year.**
7. **ALL INFORMATION BELOW MUST BE COMPLETED OR APPLICATION WILL NOT BE PROCESSED.**

|   |  |       |                |
|---|--|-------|----------------|
| BUSINESS NAME   |  |       |                |
| DBA (IF APPLICABLE)   |  |       |                |
| NATURE OF BUSINESS  |  |       | # OF EMPLOYEES |
| IF PARTNERSHIP OR CORPORATION: NAMES, ADDRESSES & PHONES OF INDIVIDUALS OR PRINCIPAL OFFICERS |  |       |                |
|   |  |       |                |
| MAILING ADDRESS   |  |       |                |
| PHYSICAL LOCATION OF BUSINESS   |  |       |                |
| CONTACT PERSON  |  | TITLE |                |
| BUSINESS PHONE  |  | FAX   |                |
| CELL PHONE  |  | EMAIL |                |

**I swear or affirm under penalty of perjury that the information on this application is true and correct and that a false answer can subject the application to denial or a license to be revoked.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

|                               |                |             |
|-------------------------------|----------------|-------------|
| <b>TOWN OFFICIAL USE ONLY</b> |                |             |
|                               | I - _____      | L - _____   |
| Amount: \$ _____              | Check #: _____ | Date: _____ |
| Town Official Approval: _____ | Date: _____    |             |