



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

DATE RECEIVED: _____

FEE: _____

MOBILE FOOD VENDOR (“MFV”) BUSINESS LICENSE APPLICATION
MFV SHALL ONLY OPERATE DURING THE HOURS OF A TOWN-APPROVED PERMITTED PUBLIC EVENT.
A SEPARATE MFV PERMIT MUST BE OBTAINED FOR EACH PERMITTED PUBLIC EVENT

INSTRUCTIONS:

1. Please review Chapter 90-Licenses, § 90-21, and Chapter 10-Clean Hands Policy on our website for complete information.
2. **Submit a copy of your valid Delaware State Business License and Delaware Department of Public Health Food Establishment Permit.**
3. **FEE SCHEDULE:** Annual MFV Business License \$50
 Annual License if purchased after Nov. 1ST \$25
4. MFV Business licenses run concurrent with the Town’s fiscal year - May 1st thru April 30th. Renewal invoices are **automatically** mailed out May 1st to the mailing address provided by the applicant and are due June 1st.
Working without obtaining the required business license is a violation of the Town Code and subject to penalties.
5. **If you will not be renewing your business license for the next fiscal year, it is important to contact us at 302-539-0449 or email: millville@mvtown.com and let us know.**
6. **ALL INFORMATION BELOW MUST BE COMPLETED OR APPLICATION WILL NOT BE PROCESSED:**

BUSINESS NAME: _____

DBA (if applicable): _____

NATURE OF BUSINESS: _____

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 _____

TOWN OFFICIAL USE ONLY		
Cust ID- _____	I- _____	L- _____
Amount: \$ _____	Check #: _____	Date: _____
Town Official Approval: _____		Date: _____