



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: _____

BUSINESS LICENSE APPLICATION

INSTRUCTIONS:

- Please review Chapter 90-Licenses and Chapter 10-Clean Hands Policy on our website for complete information.
- 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.
- Business licenses run concurrent with the Town's fiscal year - May 1st thru April 30th. Renewal invoices are **automatically** mailed out on or about 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.
- FEE SCHEDULE:

Annual Business License.....	\$100
Annual License if purchased after Nov. 1 st of the current fiscal year.....	\$ 50
If purchased after March 31 st of the current fiscal year	\$ 25
Temporary License (up to 30 consecutive days)	\$ 25

NOTE: Late Fee applied if business is invoiced, and invoice is not paid by June 1st..... \$ 50
- 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.**
- ALL INFORMATION BELOW MUST BE COMPLETED OR APPLICATION WILL NOT BE PROCESSED:**

BUSINESS NAME: _____

MAILING ADDRESS: _____

DBA (if applicable) _____

NATURE OF BUSINESS: _____

If partnership or corporation, please provide the following of individuals or principal officers:

Name: _____

Address: _____

Phone: _____

PHYSICAL LOCATION OF BUSINESS: _____

CONTACT PERSON AND TITLE: _____

BUSINESS PHONE: _____

FAX: _____ 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

Customer No. _____ I- _____ L- _____

Received By: _____ Amount: \$ _____ Check #: _____ Date: _____

Town Official Approval: _____ Date: _____