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: _____

COMMERCIAL RENTAL LICENSE APPLICATION

INSTRUCTIONS :

1. Please review Chapter 90-Licenses and Chapter 10-Clean Hands Policy on our website for complete licensing information.

2. **FEE SCHEDULE PER UNIT:**
   Annual Rental License.....$50.00
   Annual Rental License if purchased after November 1st.....$25.00
   If purchased after March 31st $12.50
   NOTE: *Late Fee applied if owner is invoiced, and invoice is not paid by June 1st*.....$25.00

3. Rental 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 by June 1st.
4. ***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.***
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@mytown.com and let us know.**
6. ***ALL INFORMATION BELOW MUST BE COMPLETED OR APPLICATION WILL NOT BE PROCESSED.***

OWNERS NAME: _____

MAILING ADDRESS: _____

PHONE: _____ **EMERGENCY PHONE:**_____

EMAIL:_____

WILL PROPERTY BE OFFERED FOR RENT THIS YEAR? YES ☐ NO☐

OFFERING ☐ SEASONALLY ☐ ANNUALLY

HAS THE PROPERTY BEEN PREVIOUSLY OFFERED FOR RENT? YES ☐ NO ☐

HAVE YOU FILED THE REQUIRED GROSS RENTAL RECEIPT TAX (GRR) FOR THE PRIOR YEAR?
YES ☐ NO ☐

COMMERCIAL RENTAL PROPERTY LOCATION

TMP# (Tax, Map, Parcel) #134 - __ __ - __ __ __ - __ __ Unit # _____

PHYSICAL ADDRESS: _____

TENANT: _____

REALTOR / NAME (if applicable): _____

PHONE: _____

EMAIL: _____

I/We swear or affirm under penalty of perjury that all the information provided on this application is true and correct and have read and understand the terms of Chapter 90-Licenses and Chapter 10-Clean Hands Policy.

Applicant's Signature: _____ Date: _____

TOWN OFFICIAL USE ONLY
Cust ID: _____ I - _____ L - _____

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

Town Official Approval: _____ Date: _____

Revised 5-5-23