



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 :

- Please review Chapter 90-Licenses and Chapter 10-Clean Hands Policy on our website for complete licensing information.
- FEE SCHEDULE PER UNIT:**  
Annual Rental License.....\$50.00  
Annual Rental License if purchased after November 1<sup>st</sup>.....\$25.00  
If purchased after March 31<sup>st</sup>.....\$12.50  
**NOTE: Late Fee applied if owner is invoiced, and invoice is not paid by June 1<sup>st</sup>.....\$25.00**
- Rental 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 on or about May 1<sup>st</sup> to the mailing address provided by the applicant and are due by June 1<sup>st</sup>.
- 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.*
- 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.**
- 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: \_\_\_\_\_