



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

**DATE RECEIVED:** \_\_\_\_\_  
**OR STAMP**

### BUSINESS LICENSE APPLICATION – PER BUSINESS

- 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 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 June 1<sup>st</sup>.
- **Working without obtaining the required license is a violation of the Town Code and subject to penalties.**
- **FEE SCHEDULE** (check one box below)
  - Annual Business License ...(NOTE: Late fee \$50 applied if invoiced & not paid by June 1<sup>st</sup>) .....\$100**
  - If purchased after November 1<sup>st</sup> .....\$ 50**
  - Temporary License (up to 30 consecutive days).....\$ 25**
- ***If you will not be renewing your business license, please contact 302-539-0449 or email: jsimpson@mvtown.com.***
- **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: \_\_\_\_\_