



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

COMMERCIAL RENTAL LICENSE APPLICATION – PER UNIT

- Please review Chapter 90-Licenses and Chapter 10-Clean Hands Policy on our website for complete licensing information.
- **FEE SCHEDULE: (Check box you are paying)**
 - Annual Rental License... (Note: Late fee of \$25 applied if invoiced & not paid by June 1st)..... \$50.00**
 - If purchased after November 1st.....\$25.00**
 - If purchased after March 31st.....\$12.50**
- **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. 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 license, please contact 302-539-0449 or email: jsimpson@mytown.com**
- **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

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: _____