

Town of Cheswold
1856



State of Delaware
1787

P.O. Box 220 • Cheswold, DE 19936
Phone: (302) 734-6991 Fax: (302) 734-1355

BUSINESS LICENSE APPLICATION

NAME of BUSINESS: _____

ADDRESS of BUSINESS: _____
Street Name and Number Town/City & Zip Code

BUSINESS TEL. #: _____ BUSINESS FAX #: _____

TYPE of BUSINESS: _____

OWNER'S NAME: _____

OWNER'S ADDRESS: _____
Street Name and Number Town/City & Zip Code

OWNER'S TEL. #: _____ OWNER'S FAX #: _____

HAS YOUR BUSINESS LICENSE EVER BEEN REVOKED OR SUSPENDED? _____
Yes or No

REQUIRED ATTACHMENTS:

_____ COPY of STATE of DELAWARE BUSINESS LICENSE _____
(License #)

_____ COPY of CURRENT INSURANCE CERTIFICATE (Carrier may fax copy to Town)

Upon payment of licensing fee, this Business License is valid until _____, 20____.

My signature indicates that I am in compliance with all State laws and regulations and the Charter of the Town of Cheswold, along with all Resolutions, Building Codes, and Ordinances.

Signature Date

FOR OFFICE USE ONLY

Date Paid: _____ Money Order #: _____ Check #: _____ Amt.: _____

Town of Cheswold License #: _____

Ordinance No.: 07-20-10-006

Latest Revision Date: 09-13-2010

PW 09-13-2010-001