

Town of Cheswold  
1856



State of Delaware  
1787

Delaware

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HAS YOUR BUSINESS LICENSE EVER BEEN REVOKED OR SUSPENDED?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  
NO

### REQUIRED ATTACHEMENTS:

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 #: \_\_\_\_\_