

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 #: _____

E-Mail Address _____

HAS YOUR BUSINESS LICENSE EVER BEEN REVOKED OR SUSPENDED?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