



**THE TOWN OF ELSMERE**

**11 Poplar Avenue – Elsmere, DE 19805**

**Phone: 302-998-2215**

**Fax: 302-998-9920**

**APPLICATION FOR BUSINESS LICENSE**

Business Trade Name: \_\_\_\_\_

Business Corporate Name: \_\_\_\_\_

.....  
Type of Business: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Owner's Phone: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Other phone numbers you wish to provide: \_\_\_\_\_

Email address you wish to provide: \_\_\_\_\_

Are you a vendor performing work on or for the Town of Elsmere?      Yes      No

If so, please provide EIN Number and vendor packet

Is the business located in the Town of Elsmere?      Yes      No

If so, complete additional information on the back of this form

Amount Due:    *General Contractor \$150*                      *Sub-contractor \$125*                      *Other \$150*

❖ This application must be accompanied by a copy of any license required by either the State of Delaware or New Castle County, as well as, proof that he or she has valid business insurance.

❖ All licenses required hereunder shall be for the period of **November 1st** of one year to **October 31st** of the next ensuing year.

**In accordance with Ordinance 475 licensing fees are doubled if the applicant conducts business prior to obtaining license.**

*"I declare under penalty of making a fast certificate that this return is made by me, that I am authorized to make such return and that to the best of my knowledge it is a true, correct and complete return, make is good faith for the years stated pursuant to the provisions of the License Code of the Town of Elsmere"*

*"I further acknowledge that I am aware that the Town of Elsmere is its own municipality and in addition to any Federal, State or County Laws it has its own laws, rules and regulations which I am responsible to check either by the Town of Elsmere website at [elsmere.delaware.gov](http://elsmere.delaware.gov) or by speaking with a Code Enforcement Officer to ensure my compliance."*

**License application must be signed by the Business owner or authorized agent.**

Applicant's Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

.....

**Additional requirements on rear for businesses located in the Town of Elsmere**  
**Complete this section if your business is located in the Town of Elsmere**  
**This is required before your license will be granted.**

Is the building or premises in which the business is located:

Owned                      Leased                      Rented

➤ If not owned by you, who is the owner of the property?

Owner's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

In accordance with the licensing provisions of *Chapter 131 Section 8 of The Town of Elsmere Code*, please list below, if applicable, the names, addresses and telephone numbers of any and all wholesalers delivering goods to your business. Not applicable for goods delivered by common carrier. **Please use a separate sheet of paper if additional space is needed.**

Name of Business: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of Business: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of Business: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**This section is for Official Use Only**

Amount Paid: \$ \_\_\_\_\_ Penalties: \$ \_\_\_\_\_ Total: \$ \_\_\_\_\_

Method of Payment: *Cash* *Check* \_\_\_\_\_ Date Received: \_\_\_\_\_ By: \_\_\_\_\_

*Approved*    *Denied*    *Reason for Denial:* \_\_\_\_\_

*Code Official:* \_\_\_\_\_ *Date:* \_\_\_\_\_ *Lic. No. Issued:* \_\_\_\_\_

*Customer ID:* \_\_\_\_\_