Town of Ocean View

Licensing Department • 201 Central Avenue – 2nd Floor • Ocean View, DE 19970 **Phone:** (302) 539-1208 Ext: 110 or 115 Fax: (302) 537-5306

jsnader@oceanviewde.gov

www.oceanviewde.gov

Business License Application

Business Name:	ess Name: DBA:			
Business Location Ad	dress:			
Business Mailing Add	lress:			
Owner/Contact:		Title:		
Business Phone #:				
E-Mail:		Emergency Phone #:		
Гуре/Nature of busin	ess:			
I/WE swear or affin	rom a residence within Town limit rm under penalty of perjury that all of and correct and that the business will	of the information	•	
	Owner or Officer:			
*** Failure to obtain t	——————————————————————————————————————	olation of the Tow	n Code and subject to penalties. ***	
and renewals are	icenses run concurrent with the calesent to the mailing address provided 0.00 is assessed for required renewals	. The annual fee for	· · · · · · · · · · · · · · · · · · ·	
Please submit the completed & signed Business License Applic copy of a valid DE State Business License for the business, DE Professional License (<i>if applicable</i>) and proof of current liability is		ss, DE bility insurance	We accept Visa, MasterCard & AMEX. Credit card transactions are subject to a convenience fee.	
,	e business with a check payable to the VIEW for \$200.00 to:	ne		
Town of Ocean	View – Licensing • 201 Central A	Avenue – 2 nd Flo	oor • Ocean View, DE 19970	
TOWN USE ONLY:				
Date Recv'd:	Date Recv'd: Fee Enclosed: \$ Method of Payment: Recv'd by:			
	PIDN: TEN	MP ANNU	\L	
	Approved by:	Manager or designee)	nte:	
Invoice #	Customer ID#	BUSINESS LICENSE#		