

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

licenses@oceanviewde.gov

www.oceanviewde.gov

Business License Application

Business Name: _____ **DBA:** _____

Business Location Address: _____

Business Mailing Address: _____

Owner/Contact: _____ **Title:** _____

Business Phone #: _____ **Cell Phone #:** _____

E-Mail: _____ **Emergency Phone #:** _____

Type/Nature of business: _____

Is business operated from a residence within Town limits? Y / N *(if yes, a Home Occupation form must be completed)*

I/WE swear or affirm under penalty of perjury that all of the information provided on this business license application is true and correct and that the business will be operated in compliance with the TOWN CODE.

Date: _____ **Owner or Officer:** _____

(signature)

*** Failure to obtain the required Business License is a violation of the Town Code and subject to penalties. ***

Business licenses run concurrent with the calendar year (January 1st thru December 31st) and renewals are sent to the mailing address provided. The annual fee for a business license is \$200.00.

A late fee of \$40.00 is assessed for required renewals postmarked after the due date of January 1st each year.

Please submit the completed & signed Business License Application, a copy of a valid DE State Business License for the business, DE Professional License *(if applicable)* and proof of current liability insurance *(if a contractor)* for the business. Payments can be made by a check made payable to the TOWN OF OCEAN VIEW for \$200.00 or online. If paying online, an invoice will be generated and emailed after receipt of requested documentation above.

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TOWN USE ONLY:

Date Recv'd: _____ Fee Enclosed: \$ _____ Method of Payment: _____ Recv'd by: _____

PIDN: _____ TEMP _____ ANNUAL _____

Approved by: _____ Date: _____

(approval by Town Manager or designee)

Invoice # _____ Customer ID# _____ **BUSINESS LICENSE#** _____