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

Real Estate Agent Business License Application

Applicant Name:		Sales:	Rentals:	<i>,</i>
Mailing Address:				
Phone - Cell/Other: ()	E-mail:			
Company Affiliation:				
Mailing Address:				
Physical Address:	(if different from mailing address)			
Phone – Business: ()	Contact Person:			
Please note: If the agency is not already licensed with	h the Town, they will be required t	o obtain an Oc	ean View busine	ss license.
I/WE swear or affirm under penalty of perjury that all of t true and correct and that the business will be		ODE of the Tov	wn of Ocean Viev	v.
Applicant: (Signatur	20)	_ Date	2:	
NSTRUCTIONS:	(e)			
Complete <u>ALL</u> information requested, sign, and date the application before forwarding. Submit completed R.E. Agent Business License Application Form(s) and agent's DE Professional License along with a check made payable to the		We accept Visa, MasterCard & AMEX Credit card transactions are subject to a 3% convenience fee. Please contact our office to make a credit card payment.		subject to a ontact our
TOWN OF OCEAN VIEW in the amount of \$\frac{9}{20}\$ Town of Ocean View – Licensing • 20	\$100.00 to:			
	1 Central Avenue – 2 nd Fl	oor • Ocean	n View, DE	19970
* Failure to obtain the required R.E. Agent Business			•	
OWNITION ONLY.		wn Code and s	•	
** Failure to obtain the required R.E. Agent Business COWN USE ONLY: Date Recv'd: Fee Enclosed: \$	s license is a violation of the Tov	wn Code and s	subject to penalt	ties.
TOWN USE ONLY:	s license is a violation of the Tov	wn Code and s	subject to penalt	ties.