

# Town of Ocean View

Licensing Department • 201 Central Avenue – 2<sup>nd</sup> Floor • Ocean View, DE 19970

Phone: (302) 539-1208 Ext: 110 or 115

Fax: (302) 537-5306

[jsnader@oceanviewde.gov](mailto:jsnader@oceanviewde.gov)

[www.oceanviewde.gov](http://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 1<sup>st</sup> thru December 31<sup>st</sup>) and renewals are sent to the mailing address provided. The annual fee for a business license is \$150.00.

**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 with a check payable to the TOWN OF OCEAN VIEW for \$150.00 to:

**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.

**Town of Ocean View – Licensing • 201 Central Avenue – 2<sup>nd</sup> Floor • Ocean View, DE 19970**

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# \_\_\_\_\_