## **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

www.oceanviewde.gov

## Real Estate Agent Business License Application

Applicant Name:			Sales:	Rentals: B	oth:
Mailing Address:					
Phone - Cell/Other: (		E-mail:			
Company Affiliation: _					
Mailing Address:					
		(if different from mailing address)			
Phone – Business: (	_)	Contact Person:			
I/WE swear or affirm under p		e date of January 1 <sup>st</sup> .  e information provided on this Respondence with the Compliance with the Complian			lication is
Applicant:			_ Dat	e:	
INSTRUCTIONS:	(Signature)	)			
<ol> <li>Complete <u>ALL</u> information requested, sign, and date the application before forwarding.</li> <li>Submit completed R.E. Agent Business License Application Form(s) and</li> </ol>			We accept Visa, MasterCard & AMEX. Credit card transactions are subject to a convenience fee.		ect to a
•	al License along with a cl /IEW in the amount of \$1	* •			
Town of Ocean V	√iew – Licensing • 201	Central Avenue – 2 <sup>nd</sup> Fl	oor • Ocea	n View, DE 199	70
** Failure to obtain the req	uired R.E. Agent Business l	icense is a violation of the Tov	wn Code and	subject to penalties.	
TOWN USE ONLY:					
Date Recv'd:	Fee Enclosed: \$	Method of Paymen	t:	_ Recv'd by:	
Approved by:	(approval by Town Manager or designee)	Da	te:		
Invoice #	_ Customer ID:	R.E.A. BUSIN	NESS LICE	NSE #	