

**Application for Business License**  
**Town of Townsend**

The undersigned applicant, being dully authorized by law to practice, conduct, pursue or carry on the business of: \_\_\_\_\_

Hereby makes application in accordance with Ordinance No. 04-01 of the Town of Townsend for a business license for the period ending December 31, 20\_\_\_\_ and will provide the Town of Townsend a current certificate of insurance and current state business license.

➤ Applicant's Name & Title: \_\_\_\_\_

➤ Trade Name of Business: \_\_\_\_\_

➤ Mailing Address for License: \_\_\_\_\_

Street

P.O. Box #

City

State

Zip

➤ Business Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

➤ Physical Address of business: \_\_\_\_\_

Street

City

State

Zip

➤ Nature of Business: \_\_\_\_\_

➤ State Business License No. \_\_\_\_\_

➤ State Trade License No. (If Applicable): \_\_\_\_\_

➤ The undersigned applicant further states that he has complied and will continue to comply with all the Ordinances of the Town of Townsend. YES( ) No ( )

➤ Make Checks payable to: **Town of Townsend**

Mail to: Town of Townsend  
PO Box 223  
661 South Street  
Townsend, DE 19734

\_\_\_\_\_  
Signature of Applicant or Corporate Officer

\_\_\_\_\_  
Print Name Plainly Here

Fees: See Ordinance No.04-01, Revised  
for the fee schedule.

\_\_\_\_\_  
Title