



Application for Town of Townsend Business License

The undersigned applicant(s), being duly authorized by law to practice, conduct, pursue or carry on the business of:

_____ hereby makes application in accordance with Ordinance No. 16-05 of the Town of Townsend for a business license for the period ending December 31, 20____ and will provide the Town of Townsend with a current certificate of insurance and current state business license.

Applicant's Name & Title:

Trade Name of Business:

Mailing Address for License:

Street/ PO Box

City, State, Zip

Business Phone: (____) _____ - _____ **Fax:** (____) _____ - _____

Physical Address of business: _____
Street

City, State, Zip

Email: _____

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

141 Main Street

PO Box 223

Townsend, DE 19734

Signature of Applicant or Corporate Officer

Print Name Plainly Here

Fees: See Ordinance No. 16-05
for the fee schedule.

Title

Date