

TOWN OF SELBYVILLE

**APPLICATION
BUSINESS LICENSE**

DATE _____ YEAR _____

NAME OF BUSINESS _____

T/A BUSINESS NAME _____

BUSINESS ADDRESS: _____
STREET CITY/TOWN COUNTY
STATE _____ ZIP CODE _____ PHONE _____

SOLE PROPRIETOR _____
(NAME)

PARTNERSHIP: 1. _____ PHONE _____
(NAME)
2. _____ PHONE _____
(NAME)
3. _____ PHONE _____
(NAME)

CORPORATION: PRESIDENT _____ PHONE _____
(NAME)
VICE PRES. _____ PHONE _____
(NAME)
TREASURER _____ PHONE _____
(NAME)

BILLING ADDRESS: _____
STREET CITY/TOWN COUNTY
STATE _____ ZIP CODE _____ PHONE _____

NATURE OF BUSINESS: _____

YOUR ISSUED LICENSE MUST BE DISPLAYED PROMINENTLY AT YOUR BUSINESS.

SEE SECOND PAGE

OFFICE USE ONLY:

APPROVED _____ DISAPPROVED _____
DATE DATE

FEE: \$50.00 _____
DATE PAID DATE ISSUED

THIS STATEMENT CERTIFIES THAT THE PROPERTY SUBJECT TO THIS REPORT MEETS OR EXCEEDS ALL THE REGULATIONS AND CONDITIONS IMPOSED BY THE LAWS OF THE STATE OF DELAWARE AND THE LAWS, ORDINANCES AND REGULATIONS OF THE TOWN OF SELBYVILLE. I UNDERSTAND THAT ANY FALSE STATEMENTS, NONPAYMENT OF FEES, TAXES AND/OR ASSESSMENTS COULD RESULT IN REVOCATION OR DENIAL OF LICENSE.

I HEREBY SWEAR/AFFIRM THAT THE BUSINESS DOES AT ALL TIMES CONFORM TO ALL REGULATIONS AND REQUIREMENTS UNDER TITLE 4, ALCOHOLIC LIQUORS, OF THE DELAWARE CODE. (IF APPLICABLE)

I HEREBY SWEAR/AFFIRM UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT.

I FURTHER CONSENT TO INSPECTION OF THE PREMISES BY THE MAYOR AND COUNCIL OF THE TOWN OF SELBYVILLE, ITS AGENTS AND EMPLOYEES FOR THE PURPOSE OF VERIFYING INFORMATION ON MY APPLICATION.

SIGNATURE OF OWNER

PRINT NAME

DATE