CITY OF LEWES
BUSINESS LICENSE
APPLICATION

NAME OF BUSINESS: _____

STREET: _____ CITY: _____ STATE: _____ ZIP: _____

BUSINESS PHONE NUMBER: _____ CELL PHONE NUMBER: _____

TOTAL NUMBER OF PERSONS IN THE COMPANY (Contractors only): _____

DESCRIPTION OF THE ENTERPRISE, FACILITY, OR SERVICE FOR WHICH THIS APPLICATION IS BEING SUBMITTED: _____

_____

MAP & PARCEL NO. _____ - _____ (for residential rentals only)

TOTAL NUMBER OF UNITS AT LOCATION: _____ NUMBER OF UNITS RENTING: _____

THIS BUSINESS IS A (Circle One): ☐ CORPORATION ☐ PARTNERSHIP ☐ SOLE PROPRIETOR ☐ OTHER

FEDERAL I.D. NO._____ STATE OF INCORPORATION: _____

NAMES & ADDRESS OF EACH OFFICER:

_____ Name	_____ Name	_____ Name
_____ Title	_____ Title	_____ Title
_____ Address	_____ Address	_____ Address
_____ Address	_____ Address	_____ Address

THE UNDERSIGNED HEREBY MAKES APPLICATION FOR A CITY OF LEWES BUSINESS LICENSE FOR THE LICENSING YEAR JANUARY 1st, _____ THRU DECEMBER 31st, _____ AT A COST OF **$** _____ PER YEAR.

_____ Owner (print or type name) _____ Owner (signature) _____ Date

==========[FOR OFFICE USE ONLY]==========

APPROVED: _____ City Manager _____ Building Official

City of Lewes

P.O. Box 227
Lewes, DE 19958
302-645-7777 302-645-6406 (fax)

Acct. No. _____

License No. _____ - _____