



# BUSINESS LICENSE APPLICATION

Business Name: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Description of Business: \_\_\_\_\_

Number of Employees (Contractors): \_\_\_\_\_ State of Delaware Business License Number: \_\_\_\_\_

Public Health Inspection Number (Restaurants): \_\_\_\_\_

THE UNDERSIGNED HEREBY MAKES APPLICATION FOR A CITY OF LEWES BUSINESS LICENSE FOR THE CALENDAR YEAR BEGINNING JANUARY 1, \_\_\_\_\_ THRU DECEMBER 31, \_\_\_\_\_ AT A COST OF \$ \_\_\_\_\_ PER YEAR.

Owner (Print or Type Name)

Owner Signature

Date

APPROVED: \_\_\_\_\_  
City Manager Building Official

**Payment must accompany business license application.(American Express not accepted.)**

***\*If paying by credit card there will be a 2.95% convenience fee applied.***

Credit Card #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Verification Code: \_\_\_\_\_

Name as appears on card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

City of Lewes  
PO Box 227  
114 E. Third Street  
Lewes DE 19958

(302) 645-7777  
(302) 645-6406 Fax

www.ci.lewes.de.us