

# Town of Wyoming

## Annual Business License Application

Upon approval, the Town of Wyoming Business License will be valid  
OCTOBER, 1, 2016 THROUGH SEPTEMBER 30, 2017.

**Penalty of 10% per month will be added to all license fees not received by 09/30/16.**  
**Any outstanding balance including any legal fees will be added to your**  
**2017 Property Tax Bill per Section 15(B) of the Town of Wyoming Charter**

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

BUSINESS TELEPHONE: \_\_\_\_\_ **Required**  
**COPY DE STATE LICENSE:** \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

OWNER'S ADDRESS: \_\_\_\_\_

OWNER'S TELEPHONE: \_\_\_\_\_ # OF EMPLOYEES: \_\_\_\_\_

**\*\*\* REQUIRED ATTACHMENTS \*\*\***  
**COPY OF STATE OF DELAWARE BUSINESS LICENSE;**  
**CERTIFICATE OF LIABILITY INSURANCE**  
**Items can be faxed to 302-697-7961**

**No payment will be accepted and a business license will not be issued until**  
**we have received this completed form and ALL required attachments.**

My signature indicates that I am in compliance with all laws, ordinances, codes, rules and regulation of the Town of Wyoming and that I am currently licensed by the appropriate state(s). I hereby authorize the Town of Wyoming its agents and/or employees to seek information or conduct an investigation when cause should appear into my criminal background, business practices and other existing licenses I may hold.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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### OFFICE USE ONLY

DATE PAID: \_\_\_\_\_ AMOUNT: \_\_\_\_\_ CHECK NO: \_\_\_\_\_ CASH: \_\_\_\_\_

TOWN OF WYOMING LICENSE NUMBER: \_\_\_\_\_ CERTIFICATE MAILED \_\_\_\_\_