

Town of Wyoming

Annual Required Business License Application

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS TELEPHONE: _____ **Required**
STATE LICENSE NUMBER: _____

TYPE OF BUSINESS: _____

OWNER'S NAME: _____

OWNER'S ADDRESS: _____

OWNER'S TELEPHONE: _____ # OF EMPLOYEES: _____

WEB ADDRESS (if applicable) _____

*****PLEASE ATTACH A COPY OF YOUR STATE LICENSE AND A CERTIFICATE OF LIABILITY INSURANCE OR HAVE YOUR INSURANCE COMPANY FAX A COPY TO 302-697-7961.*** A BUSINESS LICENSE WILL NOT BE ISSUED UNTIL WE HAVE RECEIVED A COPY OF YOUR STATE LICENSE AND A CERTIFICATE OF LIABILITY INSURANCE!!!!**

UPON APPROVAL YOUR TOWN OF WYOMING BUSINESS LICENSE WILL BE VALID, OCTOBER, 1 2015 THROUGH SEPTEMBER 30, 2016.

My signature indicates that I am in compliance with all Town and zoning ordinances 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: _____

OFFICE USE ONLY

DATE PAID: _____ AMOUNT: _____ CHECK NO: _____ CASH: _____

TOWN OF WYOMING LICENSE NUMBER: _____ CERTIFICATE MAILED _____