



# Town of Wyoming Non-Resident Business License Application

Valid October 1, 2018 thru September 30, 2019

**License Fee: \$100.00**

**REQUIRED DOCUMENTS:**

\_\_\_\_\_ State of Delaware Business License (photocopy or fax is acceptable)

\_\_\_\_\_ Certificate of Liability Insurance (can be faxed to: 302-697-7961)

Certificate Holder: Town of Wyoming, 1 N. Railroad Ave., Wyoming, DE 19934

**BUSINESS INFORMATION:**

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

Contact Name: \_\_\_\_\_

Street address: \_\_\_\_\_

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

Telephone: Office: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Principal line of business: \_\_\_\_\_

Has the applicant been convicted of any criminal act? Yes No

If yes explain: \_\_\_\_\_

Has the applicant ever had a license revoked and/or suspended in any state: Yes No

If yes explain: \_\_\_\_\_

*Acknowledgement: By signing below, the applicant acknowledges all requirements as part of Town of Wyoming Ordinance #10-7 and all Amendments and is duly and authorized by law to practice, conduct or carry on the business as provided.*

Applicant's Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

**1 N. Railroad Avenue, Wyoming, Delaware 19934 phone (302) 697-2966 fax (302) 697-7961**

**FOR OFFICE USE ONLY**

Date Rcvd: \_\_\_\_\_ Payment Method: \_\_\_\_\_ Payment Amount: \_\_\_\_\_ Rcvd by: \_\_\_\_\_

License # \_\_\_\_\_ Date License Issued: \_\_\_\_\_