



Town of Wyoming Non-Resident Business License Application

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: _____