



Town of Wyoming Business License Application

Valid October 1 thru September 30

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, 120 W. Camden Wyoming Ave., Wyoming, DE 19934

BUSINESS INFORMATION:

Business Name: _____

Contact Name: _____

Street address: _____

City: _____ State: _____ Zip: _____

Telephone: Office: _____ Cell: _____ Emergency Contact: _____

Principal line of business: _____

OWNER INFORMATION:

Owner Name: _____

Street address: _____

City: _____ State: _____ Zip: _____

Telephone: Office: _____ Cell: _____ Other: _____

**Total number of employees
(full & part-time)
as of 09/01:**

License Fee:

0 – 6 employees:	\$75.00
7 – 12 employees:	\$125.00
13 – 18 employees:	\$175.00
19 – 24 employees:	\$225.00
25 or more employees:	\$275.00

**Total Amount
Enclosed:**

After October 1, interest shall accrue on any unpaid balances at a rate of 10% per month.

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: _____

120 Camden Wyoming Ave., 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: _____