



# Town of Wyoming Business License Application

## 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: Main#: \_\_\_\_\_ Emergency Contact#: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

## OWNER INFORMATION:

Owner Name: \_\_\_\_\_

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

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

Telephone: Main#: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

**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 #55-20 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: \_\_\_\_\_