



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

## BUSINESS INFORMATION:

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

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

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

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

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

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 #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 W. 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: \_\_\_\_\_