CITY HALL 106 DORMAN STREET HARRINGTON, DE 19952



302-398-3530 Phone 302-398-4477 Fax harrington.delaware.gov

Where Delaware Comes Together

## **APPLICATION FOR BUSINESS LICENSE**

Date of Submission:	License year is July 1 to June 30.		
Business Name:			
Physical Address:			
City, State, Zip:			
Business Phone:	Alternate Phone:		
Contact Person:	Title:		
Email:			
	Number of Employees:		
Type of Business:  Sole Proprietorship	artnership 🛛 Corporation 🗆 LLC		

I declare under penalty of false statement that, to the best of my knowledge and belief, the information included in this application is true and correct. I am knowledgeable of, have complied with, and will continue to comply with all ordinances of the City of Harrington.

Signature	Name	Title	

**Items that must accompany this form:** (1) a copy of Delaware business license and (2) license fee\*. If applicant is not the property owner, a copy of the lease agreement or letter from the property owner stating that the applicant has permission to operate a business on his/her property is required. Regulations can be found in the Code of the City of Harrington <u>Chapter 120</u>, <u>Business Licenses</u>.

<ul> <li>All other trade</li> <li>Distributors at</li> <li>Distributors at</li> <li>Gas, light, por</li> <li>Hotels and mediate</li> </ul>	nd manufacturers nd manufacturers wer, cable TV, tel otels (# of rooms park # of spaces	t one) ccupations – indicate type: , 1-49 employees <b>\$250</b> , 50 or more employees <b>\$500</b> ephone, satellite companies <b>\$</b> x <b>\$15</b> ) + (# of suites x <b>\$25</b> = <b>\$</b>	825 × \$20) = \$	\$100 total fee
		For City Use Only		
Reviewed by:		License	#:	
□ Approved	Approval Date:			
□ Denied	Reason:			