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>.

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