

CITY HALL
106 DORMAN STREET
HARRINGTON, DE 19952



302-398-3530 PHONE
302-398-4477 FAX
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APPLICATION FOR RENTAL LICENSE*

Date of Submission: _____

Owner Name: _____

Mailing Address: _____

City, State Zip: _____

Home Phone: (____) _____ Alternate Phone: (____) _____

Email: _____

Residential Agent/Manager Name: _____

Mailing Address: _____

City, State Zip: _____

Business Phone: (____) _____ Alternate Phone: (____) _____

Tax Map Parcel No. <i>(For Office Use Only)</i>	Rental Property Location	Unit/Apt. #	# of Units	Property Type <i>(Residential or Commercial)</i>

I, _____, declare under penalty of false statement, that to the best of my knowledge and belief, the above information is true and correct.

Signed: _____

**Fee for license: \$100 annually per unit; license dates: January 1-December 31 of issued year. Renewal is required after December 31.*

FOR CITY STAFF ONLY:

Reviewed by: _____ License No.: _____

_____ Approved Approval Date: _____