



# Town of Camden

1783 Friends Way  
Camden, DE 19934-1002

Date: \_\_\_\_\_

In accordance with the amended Ordinance #2007-104 of the Town of Camden, the undersigned applicant, being duly authorized by law to practice, conduct, pursue, or carry on the business of \_\_\_\_\_, hereby makes an application for a business license for the period ended December 31, \_\_\_\_\_, and submits herein the following information:

1. Applicant: \_\_\_\_\_  
(Name: If a Corporation, name of officer)
2. Address and Phone #: \_\_\_\_\_  
(Applicant's Complete Mailing Address)
3. Trade Name of Business: \_\_\_\_\_
4. Address and Phone #: \_\_\_\_\_
5. Type of Business: \_\_\_\_\_
6. Number of Persons Employed by Business: \_\_\_\_\_
7. Legal Owner of Business Location: \_\_\_\_\_
8. Legal Owner of Business Location's Address: \_\_\_\_\_  
\_\_\_\_\_
9. Legal Owner of Business Location's Telephone number:  
(home) \_\_\_\_\_ (business) \_\_\_\_\_ (cell) \_\_\_\_\_ (email) \_\_\_\_\_
10. Other contacts other then owner:  
(home) \_\_\_\_\_ (business) \_\_\_\_\_ (cell) \_\_\_\_\_ (email) \_\_\_\_\_
11. Delaware Business License Number: \_\_\_\_\_
12. Liability Insurance Carrier and Policy Number: \_\_\_\_\_

**Please attach copies of license/policy**

The undersigned applicant further states that he/she has complied and will continue to comply with all of the Ordinances of the Town of Camden.

Applicant	Title	Date
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TO BE COMPLETED BY TOWN OF CAMDEN:

Date Received	Received By	Amount Paid	Check #	License Number
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State Business License Attached       Liability Insurance