

# Application for Business License



**Town of Camden**  
 1783 Friends Way  
 Camden, DE 19934  
 Phone: (302)697-2299  
 Fax: (302)697-9115  
 www.camden.delaware.gov

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 & Title: \_\_\_\_\_  
 (Name: If a Corporation, name of officer)
2. Trade Name of Business: \_\_\_\_\_
3. Business Mailing Address: \_\_\_\_\_
4. Business Owner: \_\_\_\_\_  
 Phone Number                      Fax Number                      Email Address
5. Physical Address of Business: \_\_\_\_\_
6. Type of Business: \_\_\_\_\_
7. Number of Persons Employed by Business: \_\_\_\_\_
8. Owner of Business Location: \_\_\_\_\_
9. Owner of Business Location's Address: \_\_\_\_\_
10. Other contact: \_\_\_\_\_  
 Name                                      Phone Number                                      Email Address

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's Signature

\_\_\_\_\_  
 Applicant's Address

\_\_\_\_\_  
 Applicant's Printed Name

\_\_\_\_\_  
 Applicant's Phone Number

**Please attach copies of Delaware business license and Certificate of Insurance**

**Please indicate with a check mark all changes from the previous application.**