## **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 #being duly authorized by law to prac, hereby mak | ctice, conduct, pursue, es an application for a b | or carry on the business of            |  |
| December 31,, and submits herein the f   | ollowing information:                             |  |  |
| Applicant Name & Title:  |   |  |  |
|  | (Name: If a Corporation, nam                      | ne of officer)                         |  |
| 2. Trade Name of Business:   |   |  |  |
| 3. Business Mailing Address:   |   |  |  |
| 4. Business Owner:   |   |  |  |
| 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 h Ordinances of the Town of Camden.          | e/she has complied and w                          | ill continue to comply with all of the |  |
| Applicant's Signature  |   | Applicant's Address                    |  |
| Applicant's Printed Name   |   | pplicant's Phone Number                |  |

Please attach copies of license/policy

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