

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: _____

Circle one: Commercial or Residential

7. Number of Persons Employed by Business: _____

8. 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 your State of Delaware Business License & Certificate of Insurance policy *listing the Town of Camden as the Certificate Holder