

APPLICATION FOR BUSINESS LICENSE
(First Contact with Project Coordinator)

Town of Milton
115 Federal Street
Milton, DE 19968

www.milton.delaware.gov

Tele: 302-684-4110

Fax: 302-684-8999

Business Startups and Expansion Checklist:

Applicants Name _____

Owners Name _____

Business/Address _____

Phone: _____ Fax: _____ E-Mail: _____

Business Type/ Description _____ Date of Application _____

Check Applicable Items

Comments

- | | | |
|--|-------|----------------------------|
| <input type="radio"/> Zoning District | _____ | * Code Reference See Below |
| <input type="radio"/> Permitted use | _____ | |
| <input type="radio"/> Historic District | _____ | |
| <input type="radio"/> Same as Last Use | _____ | |
| <input type="radio"/> Change of Use | _____ | |
| <input type="radio"/> Prior Use Conditional use | _____ | * _____ |
| <input type="radio"/> Special Permitted Use | _____ | * _____ |
| <input type="radio"/> Fire Marshal Review | _____ | |
| <input type="radio"/> DELDOT Review | _____ | |
| <input type="radio"/> Any construction-permits and inspections | _____ | |
| <input type="radio"/> DNRC Review | _____ | |
| <input type="radio"/> Dep't of Health | _____ | |
| <input type="radio"/> Parking Requirements | _____ | * _____ |
| <input type="radio"/> Plantings | _____ | * _____ |
| <input type="radio"/> Signs | _____ | * _____ |

Date Copy to Applicant: _____

*** Code Reference on line:**

1. Go to TOWN Web Site; 2. Go to Government; 3. GO to _____;

4. _____; 5. _____; 6. _____

(A formal list of requirements will be available to applicant on Date: _____

upon completion of site visit and internal research by Project Coordinator

(CC: Application to Town Manager)
