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# Town of Milton

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115 Federal Street  
Milton, DE 19968



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[www.milton.delaware.gov](http://www.milton.delaware.gov)

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Phone: 302-684-4110  
Fax: 302-684-8999

## Application for Business License

Pursuant to Chapter #93, of the Municipal Code of the Town of Milton, the undersigned hereby makes Application for a business license for the calendar year (Calendar year is Jan 1 through Dec 31). A Certificate of Liability insurance is appreciated but not required. Remittance is enclosed in the amount as per the fee schedule, payable to the Town of Milton. Mail your remittance to 115 Federal St., Milton DE 19968.

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_  
\_\_\_\_\_

Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Owners Name: \_\_\_\_\_

Owners Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_ Owners Signature: \_\_\_\_\_

If this is a partnership, firm or association, give names, title and permanent home or business address of each member. If a corporation, give names, title and permanent home or business address of the principal officers and the state of incorporation. If additional names are required, please note on the back of this form.

1. State of Incorporation: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

2. State of Incorporation: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

For Official Use only

Date Recd: _____	Amount Recd: _____	Approved By: _____
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