

Town of Greenwood
100 West Market St.
Greenwood, Delaware 19950
Phone (302) 349-4534 Fax (302) 349-9332

NEW BUSINESS LICENSE APPLICATION

Business Name: _____ Phone: () _____

Physical Location of Business: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Description/Type of Business: _____

Days and Hours of Operation: _____

Trade/Professional License# (if applicable) _____

Proof of Insurance- Must show documentation or provide copies of:

Insurer _____

Policy # _____ Effective Date _____

Expiration Date _____ Address of Insurer _____

State Business License# _____ (Copy needed to verify)

Employer Tax ID# _____ OR Owners Drivers Lic # _____ State _____

Owner Name* _____ Phone: () _____

*If the applicant is a Corporation or Partnership please provide a list of all principal officers or partners, addresses and telephone numbers. You may attach a separate sheet with this information.

Contact Name (if not owner): _____ Phone: () _____

Mark Only One Category

- | | |
|--|-------|
| <input type="checkbox"/> Out of Town Business/ General Contractors | \$100 |
| <input type="checkbox"/> General Business within Greenwood Town limits | \$50 |
| <input type="checkbox"/> Peddlers/Solicitors | \$75 |

I certify that the information on the application is true and correct and that a false answer can subject the application to denial or a license to revocation. I comply with all provisions of Code of the Town of Greenwood, Charter Section 29(A)(33), Licensing of Business, and all other laws and ordinances of the Town of Greenwood and other jurisdictions relating to the business or enterprise for which the license is required, including applicable zoning and building codes, and shall continue to do so throughout the term of the license. This application will be considered complete only when all sections have been completed in their entirety and payment received for the proper fees.

Applicant Signature

Date

BELOW FOR OFFICE USE ONLY

Date/Initials received: _____ Amount Received: \$ _____ CASH / CHECK # _____

Date/Initials entered in system: _____

Zone _____ Approved: _____ Denied: _____ Bus Lic # _____