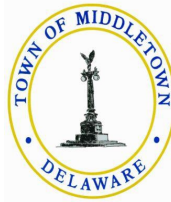


Application for Business License



The Mayor & Council of Middletown
19 West Green Street
Middletown, DE 19709-1315
Phone: (302) 378-3587 Fax: (302) 378-5675
www.middletown.delaware.gov
permits&inspections@middletown.delaware.gov

The undersigned applicant, being duly authorized by law to practice, conduct, pursue or carry on the business of _____ hereby makes application in accordance with an Ordinance of the Town of Middletown for a business license for the period ending December 31, 20 _____ and submits herein the following information:

1. Applicant's Name & Title: _____
2. Trade Name of Business: _____
3. Mailing Address for License: _____
Street P.O. Box #
City State Zip Code
4. Business Phone & Fax Numbers: _____
Phone Fax
5. Physical Address of Business: _____
Street
City State Zip Code
6. Nature of Business: _____
7. State Business License Nos: _____
(If Applicable) State # Electrical # Plumbing # HVAC #
8. NAICS Code: _____ (2-6 digit code found on your IRS Tax Return or by visiting <http://www.naics.com/search>)
**** PLEASE CONTACT THE LICENSE DEPARTMENT WITH YOUR NAICS CODE TO OBTAIN THE LICENSE FEE AMOUNT****

***** THIS SECTION APPLIES TO BOTTLERS, MANUFACTURERS, MERCHANTS & WHOLESALERS ONLY *****

9. The business license fee is calculated on your gross receipts in connection with or from the business during the year ending on the 31st day of December preceding.

Aggregate Gross Receipts \$ _____

Aggregate Gross Receipts Less \$400,000 = \$ _____ x \$0.00046 =

AMOUNT DUE \$ _____ (**MINIMUM LICENSE FEE IS \$125.00**)

NOTE: Bottlers, Manufactures, Merchants & Wholesalers must furnish the figures requested under oath or affirmation.

EXEMPTION: If your aggregate gross receipts are under \$100,000, your business license fee will be \$50.00. However, the licensing office must receive a letter stating this by February 15th.

10. The undersigned applicant further states that they have complied, and will continue to comply with, all the Ordinances of the Town of Middletown. Yes No

Signature of Applicant or Corporate Officer

Home Address of Applicant or Corporate Officer

Print Name Plainly Here

Cell Phone Number

Title

E-Mail Address

MAKE CHECK PAYABLE TO: TOWN OF MIDDLETOWN

MAIL TO: Town of Middletown
Department of Licensing
19 West Green Street
Middletown, DE 19709-1315