



**Town of Delmar**  
 Business License Department  
 100 S. Pennsylvania Ave  
 Delmar, MD 21875  
 410-896-2777  
 302-846-2664

**Application for Business License**  
 For the License Year **2020**  
 From **2/01/2020– 1/31/2021**

As required by ordinance, every person who shall engage in or carry on any business in the Town of Delmar is required to obtain a license from the Town of Delmar. Please complete and remit the application.

**CODE ENFORCEMENT OFFICER MUST REVIEW ALL BUSINESSES LOCATED WITHIN TOWN LIMITS BEFORE LICENSE CAN BE ISSUED.**

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

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

**Business Telephone number:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Business Type:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Contact Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Owner Name:** \_\_\_\_\_

**Owner Address:** \_\_\_\_\_

**Owner Phone Number:** \_\_\_\_\_

**Number of Employees:** \_\_\_\_\_ **State Business License Number** \_\_\_\_\_

**Business License fees are as follows**

**BUSINESS LOCATED WITHIN DELMAR CORPORATE LIMITS \_\_\_\_\_ \$ 50.00**

**BUSINESS LOCATED OUTSIDE DELMAR CORPORATE LIMITS \_\_\_\_\_ \$ 75.00**

I, \_\_\_\_\_, the representative of the business described above do hereby apply for a license to operate a business in the Town of Delmar.

\_\_\_\_\_  
**Signature of Applicant** \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Town Manager/designee** \_\_\_\_\_  
**Date**

Date: \_\_\_\_\_ Amount Paid: \_\_\_\_\_