

Business License Questionnaire for Home Occupations



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

This form must be completed and approved by the Town Manager prior to applying for a business license.

Please Allow 10 Business Days to Process this Form

Date _____

Applicant's Name _____

Business Name _____

Address _____

Development _____

Telephone # _____ Cell # _____ Fax # _____

E-Mail Address _____

Description of Business (Be Specific) _____

Hours of Operation _____ # of Potential Clients _____

Property Owner _____

Address _____

Telephone # _____ Cell # _____ Fax # _____

Email Address _____

TOWN OF MIDDLETOWN USE ONLY

TAX PARCEL NO. _____ ZONING DISTRICT _____

APPROVAL is only to allow request to proceed to Planning & Zoning and Mayor and Council for review of Conditional Use.

APPROVED WITH CONDITIONS: _____

USE NOT APPROVED
Reasons: _____

- Contact Middletown Code Official to discuss compliance with current building codes.
- Non-Compliance with conditions shall be cause for revocation of business license.

TOWN MANAGER'S SIGNATURE

DATE