



414 Main Street, P.O. Box 1130  
Clayton, DE 19938-1130  
Phone: (302) 653-5637  
Fax: (302) 653-2017

### ANNUAL BUSINESS LICENSE APPLICATION TAX YEAR 2019

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

Type/Description of Business: \_\_\_\_\_

\_\_\_\_\_

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

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

Primary Contact: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

State of Delaware Business License Number: \_\_\_\_\_

**(Attach Copy)**

Federal EIN Number: \_\_\_\_\_

(If Applicable)

**\$50 fee payable to the Town of Clayton upon approval**

\_\_\_\_\_  
Business Authorized Signature

\_\_\_\_\_  
Date