Town of Ocean View

Licensing Department • 201 Central Avenue − 2nd Floor • Ocean View, DE 19970 **Phone:** (302) 539-1208 Ext: 110 or 115 Fax: (302) 537-5306

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www.oceanviewde.com

General Business Property Rental License Application

	ess renting/leasing property:		
	f RENTAL PROPERTY:		
Number:	Unit: Street:		-
Property Own	er Name & Mailing Address:		
Home Phone #:		Cell Phone #:	·
E-Mail:		Emergency Phone #:	
Realtor/Prope	rty Manager (if applicable):		
Business Phone #:		Cell Phone #:	
E-Mail:		Emergency Phone #:	
		tion is true and correct.	ion provided on this rental license
the calendar ye mailing address is rented: e.g	e for a rental license is \$150.00. Renta ear (January 1st thru December 31st) a provided. Rental Licenses are require four units at a single location or in an ant businesses/individuals require four separate rental licenses.	I licenses run concurrent with and renewals are sent to the d for each unit/structure that individual building that are	We accept Visa, MasterCard & AMEX. Credit card transactions are subject to a 3% convenience fee. Please contact our office to make a credit card payment.
	fee of \$40.00 is assessed for renewal omit the completed Rental License VIEW in	_	•
*** NOTE: No R	wn of Ocean View – Licensing • 201 Cental License will be issued until Renotain the required Rental license is a v NLY:	tal License fees for all prior yea	rs have been paid in full.
Date Recv'e	d: Fee Enclosed: \$	Method of Payment: _	Recv'd by:
PIDN:	N: Approved by: Date: Date:		Date:
	Customer ID#	RENTAL LICENSE#	