## **TOWN OF OCEAN VIEW**

201 CENTRAL AVENUE • OCEAN VIEW, DE 19970

Phone: (302) 539-1208 ext.: 110 & 115 · Fax: (302) 537-5306 · jsnader@oceanviewde.com • www.oceanviewde.com

Residential Rental License Application (subject to Ordinance 365, Chapter 93 Licenses, Town of Ocean View)

LOCATION of RENT	_					
Type of Rental (check or	ne): Seasonal	Annual	Weekly	Other		
No. of Bedrooms	No. of off-stro	<mark>eet motor vehi</mark> e	cle spaces	& location	1	
Owner Name & Mailin	ng Address:					
Phone:		Alt. Phone:				
Email:						
Property Manager (if ap	oplicable):		Ph	one #:		
Email:						
Other Service Co. (ex. Cl			:	Phone #:		
Name of Current Ten				P1	none #:	
I/WE swear or affirm true and correct and	under penalty of	perjury that all understand the	of the informate terms of Ordin	ion provided on ance 365, Chapt	this rental lice ter 93 - License	nse application is
Date:						
The annual fee for a renta The calendar year (Janua mailing address provided is rented: e.g four units rented to different busine separate rental licenses. A late fee of \$40.00 is as	ry 1st thru Decemb d. Rental Licenses a s at a single locatio sses/individuals rec	per 31st) & renew are required for e on or in an individ quire four separat	s run concurrent vals are sent to the ach unit/structure lual building that the applications for	with e e that are r four	notor vehicle parking al vehicle) for each assessment records ing available to the r limitations enuncia other communicatio	t their rental occupants to space (not to include a bedroom as shown in the softhe Town with all off rental property utilized fire ted in rental leases and in with tenants."
Please submit the com with a check payable						
*** NOTE: Rental License *** Failure to obtain the re TOWN USE ONLY:						
Date Recv'd:	Fee Enclo	osed: \$	Method of F	Payment:	Rec	v'd by:
PIDN:	Approved	by:	(approval by Town Manager or	designee)	ate:	
Invoice #	Custome	er ID#	R	ENTAL LIC	ENSE#	