

TOWN OF BLADES
Office of the Mayor and Council
20 West Fourth Street
Blades, Delaware 19973

Professional Service Application

Business Name: _____ Phone: _____

Type of Business: _____ Fee: \$ _____

Business Location: _____

Mailing Address: _____

Owner: _____ Phone: _____

Home Address: _____

If the applicant is a Corporation or Partnership please provide a list of all principal officers or partners, addresses and telephone numbers.

I certify that I comply with all provisions of the Town of Blades Business Licensing Ordinance, and all other laws and ordinances of the Town of Blades and other jurisdictions relating to the business or enterprise for which the license is required, including applicable zoning and building codes, and shall continue to do so throughout the term of the license.

I certify that the information on the application is true and correct and that a false statement can subject the application to denial or license revocation.

This application will be considered complete only when all sections have been completed in their entirety. This application must be completed, submitted and fee received within thirty (30) days. All business license applications are subject to review and approval by the Town of Blades.

Signature

Date

For Office Use Only

Approved by: _____ Business Type: _____ Acct #: _____

Amount Received: \$ _____ Date Entered: _____ Entered by: _____