

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

**Rental Property**

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Fee: \$ \_\_\_\_\_

Location of Rental: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Type of Rental: Office Space \_\_\_\_\_ Apartments \_\_\_\_\_ House \_\_\_\_\_ Rooms \_\_\_\_\_

\*For residential rental units: Number of sleeping rooms or bedrooms: \_\_\_\_\_

By initialing each line below, the applicant certifies that:

\_\_\_\_\_ Each such rental unit has a functioning smoke detection device.

\_\_\_\_\_ The number of people per unit or building is in compliance with  
Blades Housing Code and Delaware Housing Code.

\_\_\_\_\_ The rental structure fully complies with all provisions of the Housing Code of Blades and the State of Delaware and any building code in Force in the Town of Blades

\_\_\_\_\_ The residential rental complies with applicable provisions of the Town of Blades Zoning Ordinance.

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

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For Office Use Only

Approved by: \_\_\_\_\_ Business Type: \_\_\_\_\_ Acct #: \_\_\_\_\_

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