



# 2024 Business License Application

**Please include:**

**a copy of your State of Delaware Business License  
a copy of your Certificate of Liability Insurance  
an annual fee of \$100 (each year)**

*Payments can be made online at [bridgeville.delaware.gov](https://bridgeville.delaware.gov), and documents can be emailed to [townofbridgeville@gmail.com](mailto:townofbridgeville@gmail.com).*

**Trade Name of Business:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Business Phone Number (s):** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Full Description of the Nature of the Business:** \_\_\_\_\_

**\*Is your Company physically within Town Limits?** Yes No

**(If yes, you do not have to pay the fee)**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

BELOW FOR OFFICE USE

**Town Clerk or Administrative Approval** \_\_\_\_\_

**Application Received:** \_\_\_\_\_ **Date Paid:** \_\_\_\_\_ **License #: 2024** \_\_\_\_\_  
**Check #** \_\_\_\_\_ **Cash Debit Credit Online**