



Town of Clayton  
Licensing and Inspection Department  
414 Main Street  
P.O. Box 1130  
Clayton, DE 19938  
Telephone: (302) 653-5637 Fax (302) 653-2017  
Website: [www.clayton.delaware.gov](http://www.clayton.delaware.gov)  
Email: [inspections@clayton-delaware.com](mailto:inspections@clayton-delaware.com)

## APPLICATION FOR BUSINESS LICENSE

**Please Note: If the business is not a permanent structure within the Town limits of Clayton from which business is conducted, refer to the Application for Contractors License. This includes Food Trucks.**

In order to be processed, applications must be completely filled out, below documents provided and all outstanding Town of Clayton fines or fees must be paid. The Licensing and Inspection Department will review all submissions and notify the applicant writing to mailing address provided. Licenses are valid from January 1<sup>st</sup> to December 31<sup>st</sup> of each year regardless of when the application is submitted. Renewals received after January 31<sup>st</sup> of the new year shall be subject to a late fee. Businesses operating without a license issued by the Town of Clayton are considered to be in violation of Ordinance 4.1-1 and are subject to a minimum fine of \$50 per day until in compliance and legal action.

- Provide a copy of State of Delaware Business License and/or any other approvals issued by DE Division of Revenue.
- Provide a copy of State Fire Marshal and Delaware Health and Social Services Inspection, if applicable.
- Annual Fee - \$50.00 **Made Payable to:** Town of Clayton Attn: Licensing and Inspection Department P.O. Box 1130 Clayton, DE 19938

Name of Business (DBA): \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Email: \_\_\_\_\_

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

Owner(s) Name: \_\_\_\_\_ Owner(s) Phone: (\_\_\_\_) \_\_\_\_\_

Federal Employee Identification Number: \_\_\_\_\_

Trade / Business Type (Restaurant, food Service, Hair Salon etc): \_\_\_\_\_

For Profit

Non-profit (provide a copy of IRS form)

*I, the undersigned applicant, attest that the information provided on this form is accurate and valid and that any false, misleading, or inaccurate information is grounds for the Town of Clayton to revoke/suspend this license. I understand that if information changes during the license period, that it is my responsibility to report those changes to the Town of Clayton. I understand that I must comply with the Rules, Ordinances, and Codes that have been adopted by the Town of Clayton and non-compliance may result in the suspension/revocation of this license.*

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

### **OFFICE USE ONLY: Staff Initials**

Received Date: \_\_\_\_\_ Type of Payment: \_\_\_\_\_ Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved / Denied (Incomplete application missing paperwork payment not received)