



414 Main Street, P.O. Box 1130
Clayton, DE 19938-1130
Phone: (302) 653-5637
Fax: (302) 653-2017

ANNUAL BUSINESS LICENSE APPLICATION

Name of Business: _____

Type of Business: _____

Mailing Address: _____

Primary Contact: _____

Telephone Number: _____

Fax Number: _____

DE Business License Number: _____
(Attach Copy)

Insurance Certificate of Liability: _____
(Attach Copy)

Federal EIN Number: _____
(If Applicable)

\$50 fee payable to the Town of Clayton upon approval

The Town of Clayton is a member of the International Code Council. Standards for building, construction, and workmanship are per the 2003 IBC and IRC.

Business Authorized Signature

Date