ENFORCEMENT & INSPECTIONS DEPARTMENT
TELEPHONE 302-424-3712
FAX 302-424-3559

201 SOUTH WALNUT STREET
MILFORD, DE 19963
WWW.CITYOFMILFORD.COM

2017 VENDORS LICENSE APPLICATION

Trade Name of Business _____

Name of Owner **and** Applicant _____

Drivers License Number & State _____

Mailing Address of Business _____

_____

Telephone Number _____

Principal Type of Sales _____

Federal Employer Identification Number _____

Year, Make, Model of Vehicle & Color _____

License Plate Number & State _____

Door to Door Sales? **Y** or **N** Age: _____ Do you have a Criminal Record? **Y** or **N**

If No, what location will you be set up at? _____

This application is for the period ending on **December 31, 2017**. Please mail or present this application, together with the appropriate fee of January - June **$50** /// July - December **$25** made payable to:

City of Milford
201 S Walnut St
Milford, DE 19963
302-424-3712

The undersigned applicant acknowledges that by signing below all information provided is true and further states that he/she is knowledgeable of and has complied with and will continue to comply with all ordinances of the City and State of DE, as they apply to his/her sales.

Applicant Signature: _____ Printed: _____

OFFICE USE ONLY:

Received By: _____ Date: _____

cc: Milford PD

*****Please provide copy of DRIVERS LICENSE & VEHICLE REGISTRATION*****