



The Town of Fenwick Island

800 Coastal Highway
Fenwick Island DE 19944
302.539.3011 * Fax: 302.539.1305

www.fenwickisland.delaware.gov

RENTAL LICENSE

Applicant's Name: _____

Home Address: _____

Home Telephone # _____ Emergency Telephone # _____

Email Address: _____

RENTAL ADDRESS: _____

RENTAL AGENT, ADDRESS & CONTACT PERSON (if applicable):

I hereby acknowledge that in order to maintain my license privilege, I must comply with all Regulations & Ordinances of the Town of Fenwick Island and that all taxes and assessments due the Town of Fenwick Island upon the property which I own have been paid including the 7.5% tax on Gross Rental Receipts due twice yearly on May 31 and November 30 on all residential rental income.

I authorize the Town of Fenwick Island, its agents, and employees to seek information and conduct an investigation into the truth of statements set forth in this application and the qualifications of the applicant for the requested license.

I declare, under the penalty of perjury, that the information contained in the application is true and correct.

Applicant's Signature

Date

Make Checks Payable To: Town of Fenwick Island

Rental License: \$185.00 (Calendar Year)
Late Fee: \$75.00

REVISED 12-14-2015