



The Town of Fenwick Island

800 Coastal Highway, Fenwick Island, DE 19944-4409
302-539-3011 ~ 302-539-1305 fax
www.fenwickisland.delaware.gov

RENTAL LICENSE RESIDENTIAL PROPERTY

Applicant's Name: _____

Mailing Address: _____

Home Phone #: _____ Emergency Phone #: _____

Email Address: _____

Rental Address: _____

Rental Agent, Address, and Contact Person (if applicable):

I hereby acknowledge that in order to maintain my license privilege, I must comply with all Regulations and Ordinances of the Town of Fenwick Island and that all taxes and assessments due to the Town of Fenwick Island upon the property which I own have be paid including the 8% tax on Gross Rental Receipts due bi-annually 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

Today's Date

Make Checks payable to: Town of Fenwick Island

Rental License: **\$185.00** (Calendar Year January – December)
Late Fee: **\$100.00**