## City of Wilmington

# **Application** for

### Residential Property Rental License

Thank you for applying for the City of Wilmington Rental License.

Your application must be completed in its entirety with all of the required information.

#### Please note the following items:

- Post office box addresses are <u>not</u> acceptable other than for an override mailing address.
- You must provide a contact person that can be reached 24 hours a day, 7 days a week.
- If there are multiple owners, you must attach a list that includes names, addresses, and telephone numbers.
- All rental properties and the number of units in each property must be listed in the spaces provided on the back of the rental license application. Note: You <u>must</u> include dimensions for all rooms within the dwelling units
- The Housing Inspector must approve your application before a license can be issued.
- If the owner or operator does not actually reside in New Castle County or is not customarily present at an office in the City for the purpose of transacting business, then such owner or operator shall designate a licensed property manager to be in control of the dwelling or dwelling units.

#### Fees:

- One or two rental units \$ 50.00
- Three or more units \$120.00, plus \$10.00 per unit

Fee must accompany the application.

#### **Inquires:**

- For inquires concerning the application or monetary issues, please call the Finance Department, Earned Income Tax and Business License Division at (302) 576-2415 or (302) 576-2418.
- For inquires **concerning housing or compliance issues**, please call the Department of Licenses and Inspections at (302) 576-3030.

Application for Rental License City of Wilmington, Delaware Department of Finance Wage/Business License Division 800 N. French Street 19801-3537 (302) 576-2415



License Number (Office Use Only)

. APPLICATION DATE  . BUSINESS START DATE (IN C	3. FEDERAL EMPLOYER ID #	Soc. Sec. No. ▶	SOCIAL SECURITY NO.	4. License Applied For:
. BUSINESS START DATE (IN C				LICENSE TYPE CODE
BUSINESS START DATE (IN C				(CIRCLE ONE)
BUSINESS START DATE (IN C				ONE/TWO UNITS 3014A
	CITY) 4A. SPECIFIC NATURE	OF BUSINESS	5. BIRTH DATE OF OWNER	THREE OR MORE UN
				FOR OFFICE USE ONL
Property Owner's Information	(Actual Physical Location. P.O. Box is		Additional Required Accou	
AME OF PROPERTY OWNER	(S)		Net Profit □	
				Acct. #
DDRESS LINE 1		-	Wage / Head	
			-	Acct. #
			-	Date Added
DDRESS LINE 2			_	By
CITY	STATE	ZIP CODE	TELEPHONE NUMBER	
				CONTACT PERSON
Managing Agent Information:	: 1 BO B 411			
<u> </u>	ired: P.O. Box Address is not acceptal	Must have if owner doesn't resid	de in New Castle County.	FIRST NAME
AME OF MANAGING AGENT	<u>'(S)</u>			
				LAST NAME
ADDRESS LINE 1			_	DI ST IN INC
				TELEPHONE NUMBE
ADDRESS LINE 2				TELETHONE NUMBE
CITY	STATE	ZIP CODE	TELEPHONE NUMBER	
. Mailing Address (Address App	licant desires license information & ta	ax forms to be mailed):	9. Type of Ownership:	
AME OF BUSINESS			☐ Corporation ☐ S – Co	rporation*
			☐ Partnership* ☐ Sole P	roprietor
DDDECC LINE 1			☐ Estate/Trust ☐ Non-P	rofit (501C3 copy required)
ADDRESS LINE 1			Holding Company, (if exempt un	nder DEL. 1902(B)(8), Title 30 pro
			of exemption must be attached)	
ADDRESS LINE 2			- Belle Bond	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER	
CHI	SIAIL	ZIF CODE	TELEFTIONE NUMBER	
or purpose of Disadvantaged Bu	d within City of Wilmington per mor usiness Program, please check here i this application is to the best of m		ss Enterprise: □	
or purpose of Disadvantaged Bu certify that all information in	usiness Program, please check here i			LE ZON
r purpose of Disadvantaged Bu ertify that all information in	usiness Program, please check here i this application is to the best of m	y knowledge, true and correct.		LE ZON

<sup>\*\*</sup>REQUIRED SIGNATURE FOR RENTAL LICENSES

Address:			Address:			Address	S:		Address:			
Apartment # _			Apartment # _			_ Apartm	ent #		Apartment	#		
LR	BR3		LR	BR3		LR _	BR	3	LR	BR3		
DR	BR4		DR	BR4_		DR _	BR	4	DR	BR4		
KP1	BR5		KP1	BR5		KP1	BR	.5	KP1	BR5		
BR1			BR1			BR1_			BR1			
BR2			BR2			BR2			BR2			
Total Number			Total Number			Total N	umber		Total Num	ber		
of Occupants			of Occupants			of Occu	ipants		of Occupai	nts		
List of Properties												
Address:										# of Units		
Zoning:		Non-Co	onforming Use?		Yes	□ No	If yes, Da	te Granted: _				
Address:										# of Units		
Zoning:			onforming Use?		Yes	□ No	If yes, Da	te Granted:				
Address:										# of Units		
Zoning:		Non-Co	onforming Use?		Yes	□ No	If yes, Da	te Granted:				
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Address:										# of Units		
Zoning:			onforming Use?		Yes	□ No						
Address:		N. C			V-							
Zoning:		Non-Co	onforming Use?	Ц	Yes	□ No	11 yes, Da	ne Granted:				
Address:										# of Units		
Zoning:			onforming Use?		Yes	□ No						
C			Č				•					