

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 not 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 spaced provided on the back of the rental license application. **Note: You must 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: \$75.00

Rental dwelling units:

* \$75.00 per unit, unless all the rental dwelling units are used for low-income housing or senior citizen housing, in which case the fee shall be \$75.00 per unit, not to exceed a fee of \$5,000.00. The departments of land use and planning, licenses and inspections and/or finance shall promulgate regulations establishing the procedures and standards for eligibility for the capped fee, including the definitions of low-income and senior citizen*

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** or Department of Land Use at **(302) 576-3050**.

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



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License Number (Office Use Only)

1. APPLICATION DATE	3. FEDERAL EMPLOYER ID #	3A. If No FEI, Enter Applicant Soc. Sec. No. ▶	SOCIAL SECURITY NO.	4. License Applied For:
				LICENSE TYPE CODE
				3014

2. BUSINESS START DATE (IN CITY)	4A. SPECIFIC NATURE OF BUSINESS

5. BIRTH DATE OF OWNER
FOR OFFICE USE ONLY

6. Property Owner's Information (Actual Physical Location. P.O. Box is not acceptable)				Additional Required Accounts Net Profit <input type="checkbox"/> Acct. # _____ Wage / Head <input type="checkbox"/> Acct. # _____ Date Added _____ By _____	
NAME OF PROPERTY OWNER(S)					
ADDRESS LINE 1					
ADDRESS LINE 2					
CITY	STATE	ZIP CODE	TELEPHONE NUMBER	CONTACT PERSON	

7. Managing Agent Information: (Actual Physical Location Required: P.O. Box Address is not acceptable) Must have if owner doesn't reside in New Castle County.				FIRST NAME LAST NAME TELEPHONE NUMBER	
NAME OF MANAGING AGENT(S)					
ADDRESS LINE 1					
ADDRESS LINE 2					
CITY	STATE	ZIP CODE	TELEPHONE NUMBER		

8. Mailing Address (Address Applicant desires license information & tax forms to be mailed):				9. Type of Ownership:	
NAME OF BUSINESS				<input type="checkbox"/> Corporation <input type="checkbox"/> S – Corporation* <input type="checkbox"/> Partnership* <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Estate/Trust <input type="checkbox"/> Non-Profit (501C3 copy required) <input type="checkbox"/> Holding Company, (if exempt under DEL. 1902(B)(8), Title 30 proof of exemption must be attached) <input type="checkbox"/> LLC <input type="checkbox"/> Other	
ADDRESS LINE 1					
ADDRESS LINE 2					
CITY	STATE	ZIP CODE	TELEPHONE NUMBER		

Number of employees anticipated within City of Wilmington per month: _____
 For purpose of Disadvantaged Business Program, please check here if you are a Disadvantaged Business Enterprise:
I certify that all information in this application is to the best of my knowledge, true and correct.

DATE PRINT NAME SIGNATURE TITLE ZONING

FEE (Return Application with Fee) _____ Total Number of Units _____ **HOUSING INSPECTOR APPROVAL****

**REQUIRED SIGNATURE FOR RENTAL LICENSES

Address: _____ _____	Address: _____ _____	Address: _____ _____	Address: _____ _____
Apartment # _____	Apartment # _____	Apartment # _____	Apartment # _____
LR _____ BR3 _____	LR _____ BR3 _____	LR _____ BR3 _____	LR _____ BR3 _____
DR _____ BR4 _____	DR _____ BR4 _____	DR _____ BR4 _____	DR _____ BR4 _____
KP1 _____ BR5 _____	KP1 _____ BR5 _____	KP1 _____ BR5 _____	KP1 _____ BR5 _____
BR1 _____	BR1 _____	BR1 _____	BR1 _____
BR2 _____	BR2 _____	BR2 _____	BR2 _____
Total Number of Occupants _____	Total Number of Occupants _____	Total Number of Occupants _____	Total Number of Occupants _____

List of Properties

Address: _____ # of Units _____
 Zoning: _____ Non-Conforming Use? Yes No If yes, Date Granted: _____

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 Zoning: _____ Non-Conforming Use? Yes No If yes, Date Granted: _____

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