Town of Dagsboro
33134 Main Street, P.O. Box 420
Dagsboro, DE 19939
Phone (302) 732-3777 Fax (302) 732-3907

RENTAL LICENSE APPLICATION

Property Owner's Name:_____

Home Address: _____

Home Telephone #: _____ Emergency Telephone #: _____

RENTAL ADDRESS: _____

Current Renter's Name, Address & Phone #_____
_____
_____

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 Dagsboro and that all taxes, and assessments due the Town of Dagsboro upon the property which I own have been paid including the **3% tax on Gross Rental Receipts due annually on February 1 for all rental income.**

I further acknowledge that if there have been three or more cases during a calendar year of violations of noise disturbance, my license may be immediately revoked.

I authorize the Town of Dagsboro, 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 penalty of perjury, that the information contained in the application is true and correct.

Applicant's Signature: _____

Make checks payable to: Town of Dagsboro
Annual Rental License: $150.00 ***January 1st through December 31st***
A fee of $45 will be charged for late payment of license fees