

TOWN OF DELTON
APPLICATION FOR PERMIT/LICENSE:
MISCELLANEOUS

PLEASE PRINT

Date Submitted: _____ Fee \$_____ (Must accompany application form) Receipt No. _____

Name of Applicant: _____

Address of Applicant: _____

Daytime Telephone Number: (____) _____ Email Address: _____

Applicant's Drivers License Number: _____ State: _____

Permit/License Application for: _____

Description of proposed business; _____

Location of business: _____

Signature of Applicant

Print name of applicant

PROOF OF LIABILITY INSURANCE MUST BE PROVIDED WITH ALL APPLICATIONS

Permit/License subject to compliance with Town of Delton Ordinances

☐ Date Approved: _____ License Valid from July 1, 20__ through June 30, 20__

Conditions (if any): _____

☐ Date Denied: _____ Reason(s): _____

Note: Incomplete, false, or misleading information on the application form can delay the review process and/or be grounds for denial of permit or license.