

CITY HALL
106 DORMAN STREET
HARRINGTON, DE 19952



302-398-3530 PHONE
302-398-4477 FAX
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APPLICATION FOR RENTAL LICENSE*

Date of Submission:

Owner Name:

Mailing Address:

City, State Zip:

Home Phone:

Alternate Phone:

Email:

Residential Agent/Manager Name:

Mailing Address:

City, State Zip:

Business Phone:

Alternate Phone:

Email:

**Tax Map Parcel
No.**

Name of Tenant

**Rental Property
Location**

Unit/Apt

Property Type

I, _____, declare under penalty of false statement, that to the best of my knowledge and belief, the above information is true and correct.

Signed:

**Fee for license: \$125 annually per unit; license dates: January 1-December 31 of issued year. Renewal is required after December 31.*

FOR CITY STAFF ONLY:

Reviewed by:

License No.:

Approved

Yes

No

Approval Date: