

The City of Lewes



RESIDENTIAL RENTAL LICENSE APPLICATION

Property Owner Name : _____

Mailing Address: _____ City: _____ State _____ Zip: _____

Contact Name: _____ Email Address: _____

Home Phone: _____ Cell Phone: _____

Will this property be rented weekly?: _____

Property Location: _____

Map & Parcel Number: _____ - _____

Total number of units at location: _____ Total number of units renting: _____

THE UNDERSIGNED HEREBY MAKES APPLICATION FOR A CITY OF LEWES RESIDENTIAL RENTAL LICENSE FOR THE CALENDAR YEAR BEGINNING JANUARY 1, _____ THRU DECEMBER 31, _____ AT A COST OF \$ _____ PER YEAR.

All residential rentals are subject to a Gross Receipt Rental Tax (GRRT) that is due February 1st. The 5% GRRT rate is calculated on the gross receipts the owner received in the preceding calendar year.

_____ Owner (Print or Type Name)	_____ Owner Signature	_____ Date
-------------------------------------	--------------------------	---------------

APPROVED: _____ City Manager	_____ Building Official
---------------------------------	----------------------------

Payment must accompany rental license application.

Credit Card #: _____ Amount: \$ _____

Expiration Date: _____ Verification Code: _____

Name as appears on card: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____

Phone #: _____ Email: _____

City of Lewes
PO Box 227
114 E. Third Street
Lewes DE 19958

(302) 645-7777
(302) 645-6406 Fax

www.ci.lewes.de.us