

Town of Newport

226 N. James Street
Newport, DE 19804
(302)994-6403 / (302)996-0214 - fax

Business License Application **2026**

NAME AND ADDRESS OF BUSINESS:

TYPE OF BUSINESS:_____

Fee:_____

Penalty:_____

Total:_____

I declare under penalty of making a false certificate that this return is made by me, that I am authorized to make such a return and that to the best of my knowledge it is a true, correct and complete return, made in good faith for the year stated pursuant to the provisions of the License of Ordinance of the Town of Newport.

Signature (Owner-Officer-Partner)

Date

Name (Printed)

_____/_____
Phone/Fax number

