

# Town of Viola

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## Contractors License Application

This application must be completed and turned into Town Hall located at 18 Church Street or mailed to PO Box 121 Viola, DE 19979. **A copy of your Delaware Business License and Certificate of Liability Insurance must accompany this application.**

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone – Business: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Contact Person: \_\_\_\_\_

By signing this form, I agree to:

1. Uphold all Viola Ordinances.
2. I do not have any outstanding delinquent debt with the Town.
3. All information on or attached to this application is true and correct to the best of my knowledge. I know that if any false information is on this application, I may be subject to criminal proceedings under Title 11, Chapter 5, Subchapter III, Subpart F of the Delaware Code.
4. I understand that my license can be revoked by the Town Manager with just cause.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

***Fee of \$100 is due at time of application.***

This license is valid from July 1, 2024 to June 30,  
2025. The fee will not be prorated.

Reviewed by: \_\_\_\_\_  Accepted  Denied