

LICENSE NO. 2019605997 DORBL

POST CONSPICUOUSLY

STATE OF DELAWARE

DIVISION OF REVENUE

**VALID**

01/01/20 - 12/31/20  
NOT TRANSFERABLE

DLN: 20 97230 82

BUSINESS CODE  
GROUP CODE

396

LICENSED  
ACTIVITY

RETAILER-VARIOUS PRODUCTS

DATE ISSUED: 01/02/20

LICENSE FEE: \$ 90.00

**\*\*VALIDATED\*\***

**2020**

MAILING ADDRESS

**BUSINESS LICENSE**

BUSINESS LOCATION

WILSON SHERRY  
HONEY MAE'S CLOSET  
129 LINGO DR  
DOVER DE 19901-6062



HONEY MAE'S CLOSET  
129 LINGO DR  
DOVER DE 19901-6062

IS HEREBY LICENSED TO PRACTICE, CONDUCT OR ENGAGE IN THE OCCUPATION  
OR BUSINESS ACTIVITY INDICATED ABOVE IN ACCORDANCE WITH THE LICENSE  
APPLICATION DULY FILED PURSUANT TO TITLE 30, DEL CODE.

JENNIFER R. HUDSON

DIRECTOR OF REVENUE



STATE OF DELAWARE  
DEPARTMENT OF FINANCE  
DIVISION OF REVENUE  
8 20 N. French Street  
Wilmington, Delaware 19801  
(302) 577 - 8778

COMBINED REGISTRATION APPLICATION  
FOR  
STATE OF DELAWARE  
BUSINESS LICENSE AND/OR  
WITHHOLDING AGENT

THIS FORM MUST BE COMPLETED BY ALL PERSONS OR COMPANIES CONDUCTING BUSINESS ACTIVITIES IN DELAWARE

PART C - TO BE COMPLETED BY TAXPAYERS APPLYING FOR A LICENSE

LICENSE APPLICATIONS WILL NOT BE PROCESSED WITHOUT LICENSE FEE

LICENSE #1 - NAME AND ADDRESS

1. Enter Federal Employer Identification Number

OR

REV CODE 0101-01  
Social Security Number

1- 2 0 - 1 9 8 9 3 9 6

2-

2. Name

WILSON SHERRY

3. Trade Name if Different from Above

Honey Mae's Closet

4. Business Location Address

129 LINGO DR

5. Mailing Address if Different

City

State

Zipcode

DOVER

DE

19901-6062

City

State

Zipcode

6. Describe your business activity

RETAILER-VARIOUS PRODUCTS

Bus Code

FOR OFFICE USE ONLY

Suffix

7. When did or when will you begin operating in Delaware?

07/01/2019

8. For what calendar year are you applying? Calendar year ending 12/31/ 2019

Check if 65 years or older and

whose total sales are less than \$10,000  
(25% of Annual Fee)

Proration Basis for Initial Licenses

Multiply Annual Fee by Respective Month  
Percentage and Circle Month Started

Jan - 100%

Feb - 92%

Mar - 83%

Apr - 75%

May - 67%

Jun - 58%

Jul - 50%

Aug - 42%

Sep - 33%

Oct - 25%

Nov - 17%

Dec - 8%

PLEASE READ PART C INSTRUCTIONS BEFORE COMPLETING COMPUTATION OF THE FEE.

COMPUTATION OF FEE \$ 90.00 X 1 = \$ 90.00 X 0.5 = \$ 45.00  
Annual Fee # of units if Applicable Total License(annual fee X # of units) Prorated Percentage Total Fee

9. AMOUNT DUE MUST BE REMITTED WITH THIS APPLICATION. ( Total Fee from License #1 )

\$ 45.00

Sherry L Wilson-Internet Initial  
Application-19L675G

PROPRIETOR

07/17/2019

Signature

Title

Date

I declare under penalties as provided by law that the information on this application is true, correct and complete

Remittance ID	19L675G0717201917336628
DLN(s)	199219739
License Number(s)	2019605997