

City of Rehoboth Beach



306 Rehoboth Avenue
Rehoboth Beach, Delaware 19971

Building & Licensing Department
(302) 227-4504

Fax (302) 227-3336

INSTRUCTIONS FOR OBTAINING A BUSINESS LICENSE FOR THE CITY OF REHOBOTH BEACH, DELAWARE

You will need to complete the checked items:

- 1. Fill out the attached application.
- 2. We **MUST** have a copy of your Delaware State Business License. If you do not have a Delaware State Business License, you can call 302-856-5358 in Georgetown, Delaware, to inquire about a Delaware State Business License.
- 3. We **MUST** have a Certificate of Liability Insurance from your insurance company that lists the certificate holder as "City of Rehoboth Beach, 229 Rehoboth Avenue, Rehoboth Beach, DE 19971"
- 4. If you are a real estate agent we **MUST** have a copy of your State of Delaware real estate license.
- 5. If your business is located within the City limits, you **MUST** fill out a form regarding your trash service.
- 6. If your business is located within the City limits, you **MUST** fill out an Emergency Notification form.

Bring all completed forms to our office.

If you have any questions, please call us at 302-227-4504.

Building & Licensing

306 Rehoboth Avenue
P.O. Box 1163
Rehoboth Beach, Delaware 19971



City of Rehoboth Beach
Telephone 302-227-4504
Fax 302-227-3336
www.cityofrehoboth.com

APPLICATION FOR COMMERCIAL LICENSE

New ()
Renewal ()

License #: _____

Pursuant to Chapter 120 of the City of Rehoboth Beach Municipal Code, the undersigned being engaged in a business or service occupation, hereby makes application for a license valid thru June 30, 2017.

Remittance is enclosed in the amount of \$ _____.

Payable to: City of Rehoboth Beach
Attn: Licensing Dept.
306 Rehoboth Avenue
Rehoboth Beach, DE 19971
(302) 227-4504
(302) 227-3336 Fax

Business Name _____

Mailing Address _____

If Contractor, # of employees _____ Business Telephone # _____

Specific type of trade, contractor, business, enterprise or service for which the license is required: _____

If your business location is leased within the city limits, please list the address of the property and the name, address & phone # of the property owner/landlord below:

Please complete below with the business owner's information. Also, if partnership, list name and permanent address of each member; if corporation, list name and permanent address of each principal officer and state of incorporation.

NAME (print) _____

NAME (print) _____

Signature _____

Signature _____

Home Address _____

Home Address _____

Title _____

Title _____

Cell Phone# _____

Cell Phone# _____

Drivers License# _____

Drivers License# _____

State Issued _____

State Issued _____

State of Incorporation _____

State of Incorporation _____

Tax ID# _____

Tax ID# _____

Approved by _____

Date _____

PRODUCER	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.		
	COMPANIES AFFORDING COVERAGE		
INSURED	COMPANY	A	
	COMPANY	B	
	COMPANY	C	
	COMPANY	D	

COVERAGES
 THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.				GENERAL AGGREGATE \$ PRODUCTS-COMP/OP AGG \$ PERSONAL & ADV. INJURY \$ EACH OCCURRENCE \$ Minimum \$1,000,000 Each Occurrence FIRE DAMAGE (any one fire) \$ MED. EXPENSE (any one person) \$ COMBINED SINGLE LIMIT \$ BODILY INJURY \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				EACH ACCIDENT \$ AGGREGATE \$ EACH OCCURRENCE \$ AGGREGATE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				STATUTORY LIMITS \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH ACCIDENT \$ DISEASE-POLICY LIMIT \$ DISEASE-EACH EMPLOYEE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				\$4,000 per camper
	OTHER Camper Accident				



DESCRIPTION OF OPERATIONS/ LOCATIONS/ VEHICLES/ SPECIAL ITEMS

CERTIFICATE HOLDER City of Rehoboth Beach 229 Rehoboth Avenue Rehoboth Beach, DE 19971	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, IT'S AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
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Fax to 302-227-3336