Amount Due: \$125



## CITY OF DELAWARE CITY

407 Clinton Street - P.O. Box 4159 Delaware City, Delaware 19706 302-834-4573

## **APPLICATION FOR CONTRACTOR LICENSE**

Business Corporate Name:				
	**************************************			
Business Address:				
City:	State:	Zip Code:		
Owner's Name:	Owne	Owner's Phone:		
Owner's Address:				
City:	State:	Zip Code:		
Email:				

- A. This application must be accompanied by a copy of any license required by either the State of Delaware and/or New Castle County. Also a copy of any other approvals issued by the Division of Revenue or another governmental or quasi- governmental agency (i.e., ABCC, Administrative Services, Banking Commissioner, Insurance Commissioner, PSC, DNREC, EPA, IRS, etc.) shall accompany the application. Possession of any such license or approval shall not exempt a person from obtaining a City of Delaware City business license.
- B. At the time of this application, all contractors, including the contractor(s) in charge and the subcontractor(s), will submit proof of insurance coverage for bodily injury and property damage liability as follows:

- (1) Bodily injury liability with a minimum limit of \$250,000 for all damages arising out of personal injury to or death of one person in any one occurrence, and, subject to that limit for each person, an aggregate limit of \$500,000 for all damages arising out of personal injury to or death of two or more persons in any one occurrence; and
- (2) Property damage liability with a minimum limit of \$250,000 for all damages arising out of injury to, destruction of, or loss of use or property in any one occurrence.
- C. The City of Delaware City shall be listed as the certificate holder on the proof of liability insurance.
- D. All licenses required hereunder shall be for the period of July 1<sup>st</sup> to June 30<sup>th</sup>.

In accordance with Ordinance 18-0618-03, if the contractor conducts business prior to obtaining a license, a penalty of \$125 per day will be issued. A stop-work order will be issued and stay in effect until all conditions are met to receive a valid contractor license.

"I declare under penalty of making a false certificate that this return is made by me, that I am authorized to make such return and that to the best of my knowledge it is a true, correct and complete return, made in good faith for the years stated pursuant to the provisions of the Contractor's Code of the City of Delaware City" (Chapter 51 Article II)

"I further acknowledge that I am aware that the City of Delaware is its own municipality and in addition to any Federal, State or County Laws it has its own laws, rules and regulations which I am responsible to check either by the City of Delaware City website at <a href="https://www.delawarecity.delaware.gov">www.delaware.gov</a> or by speaking with a Code Enforcement Officer to ensure my compliance."

License application must be signed by the Business owner or authorized agent.						
Applicant's Signature: X		Date:				
This Section for Official Use Only						
Amount Paid: \$	Penalties:\$	Total: \$	_			
Method of Payment: Cash	Check #	Date Received	_By:			
Approved Denied _	Reason for Denial					
Code Official:		Date:				
License Number Issued:						