



Town of South Bethany
402 Evergreen Road
South Bethany, DE 19930

**2018/2019
30-Day Mercantile License Application**

Name of Business: _____

Name of Owner(s): _____

Mailing Address: _____

City/State/Zip: _____

Business Phone: _____ **Home Phone:** _____

Cell Phone: _____ **E-Mail:** _____

EIN: _____ **Fax:** _____

Full Description of Nature of the Activity for which this Mercantile License is requested:

I hereby certify that I will comply with the applicable provisions of the Code of the Town of South Bethany.

I certify that if my licensed activity involves the construction of a building or facility on any property within the Town of South Bethany, I will refrain from traversing or utilizing any adjacent or neighboring property unless I obtain written permission from such property owner. I certify that I will be financially liable to such property owner for any damage committed to their property by myself, any of my employees or agents, or any independent contractors. I further agree that I will assure that any employees or agent and independent contractors are made aware of the appropriate regulations, including permitting, display of permit and times allowed for construction. I will also be responsible for damage to public right-of-way. I also certify that I will place adequate trash containers on the property and will comply with all appropriate regulations. If my license activity involves the use of herbicides, pesticides, or other hazardous materials, I will advise the Town of the types and quantities.

**Work Hours: 8 a.m. to 6 p.m. - Monday thru Saturday. No construction - 6 p.m. to 8 a.m. or Sundays
No construction on Saturday, Sundays or National Holidays from May 15th through September 15th**

**30-Day License Fee: \$30.00 One 30 Day License may be purchased once per fiscal year, May 1st
through April 30th.** The \$30.00 fee can be applied to the purchase of a Full or Semi-Annual Mercantile License within the 30-day life of the Temporary License.

Start Work Date: _____ **Expiration Date:** _____

Check submitted in the amount of \$ _____ Check # _____, payable to Town of South Bethany, with
a copy of your State of Delaware Business License and Certificate of Liability Insurance.

Signature of Owner/Authorized Agent

Date Submitted