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

2026
30-Consecutive-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 (type of business) 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 ensure 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.

Construction Hours: September 16th through May 14th Monday – Saturday 8:00 a.m. – 5:00 p.m.
May 15th through September 15th Monday – Friday 8:00 a.m. - 5:00 p.m.
NO CONSTRUCTION ON SUNDAYS OR OBSERVED FEDERAL HOLIDAYS

30-Day License Fee: **$50.00. A 30-Day License may be purchased consecutively up to two times within a year, January 1st through December 31st.**

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

Check submitted in the amount of **$50.00** 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**