

Building & Licensing  
229 Rehoboth Avenue  
P.O. Box 1163  
Rehoboth Beach, Delaware 19971



City of Rehoboth Beach  
Telephone 302-227-6181  
Fax 302-227-4504  
www.cityofrehoboth.com

## INSTRUCTIONS FOR OBTAINING A BUSINESS LICENSE – IN TOWN WITH ALCOHOL 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 State Of Delaware Business License. If you do not have a State Of Delaware Business License, you can reach the State Of Delaware Business License office in Georgetown at 302-856-5358 or at [https://firststeps.delaware.gov/get\\_license.shtml](https://firststeps.delaware.gov/get_license.shtml) to inquire about a state license.  
**If your business type is a trade which is regulated by the State Of Delaware Division Of Professional Regulation, we must have a copy of your State Of Delaware professional/trade license.** If you have a question regarding a professional license, you can reach the State Of Delaware Professional Regulation office in Dover at (302) 744-4500 or at [www.dpr.delaware.gov](http://www.dpr.delaware.gov)
- 3. We MUST have a Certificate Of Liability Insurance from your insurance company, which 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 an Emergency Notification form.
- 6. If your business is located within the City limits, AND either manufactures or sells alcohol as a restaurant, taproom, tavern, hotel, retailer, wholesaler, distributor, caterer, etc., you must provide a copy of your State Of Delaware liquor license. A Certificate Of Compliance may be needed as well. Questions about Permits Of Compliance should be directed to Ann Womack, City Secretary, 302-227-6181, ext. 205.

**Bring all completed forms to our office to receive your Business License.**

If you have any questions, please call us at 302-227-6181 ext. 222.



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ACORD®		CERTIFICATE OF INSURANCE			ISSUE DATE (MM/DD/YY):	
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.				
		<b>COMPANIES AFFORDING COVERAGE</b>				
		COMPANY <b>A</b>				
INSURED		COMPANY <b>B</b>				
		COMPANY <b>C</b>				
		COMPANY <b>D</b>				
<b>COVERAGES</b>						
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	
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNERS & CONTRACTOR'S PROT.				GENERAL AGGREGATE \$ PRODUCTS-COMP/OP AGG \$ PERSONAL & ADV. INJURY EACH OCCURRENCE Minimum \$1,000,000 Each Occurrence FIRE DAMAGE (any one li.) \$ MED. EXPENSE (any one person) \$	
	<b>AUTOMOBILE LIABILITY</b> <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				COMBINED SINGLE LIMIT \$ BODILY INJURY \$ \$ \$ \$	
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				EACH ACCIDENT \$ AGGREGATE \$ EACH OCCURRENCE \$ AGGREGATE \$ \$	
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				STATUTORY LIMITS EACH ACCIDENT \$ DISEASE-POLICY LIMIT \$ DISEASE-EACH EMPLOYEE \$	
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				\$4,000 per camper	
	<b>OTHER</b> Camper Accident					
DESCRIPTION OF OPERATIONS/ LOCATIONS/ VEHICLES/ SPECIAL ITEMS						
<b>CERTIFICATE HOLDER</b>  City of Rehoboth Beach 229 Rehoboth Avenue Rehoboth Beach, DE 19971				<b>CANCELLATION</b> 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		

SAMPLE FORM

Insurers: Email to BuildingAndLicensing@cityofrehoboth.com

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**Business Emergency Contact Form – IN TOWN BUSINESSES -City Of Rehoboth Beach**

Business Name:

Business Address:

City:

State:

ZIP Code:

Business Phone Number:

Business Email:

*Landlord/Owner Of Building – Full Name & Emergency Telephone Number:*

***Business Owner***

Business Owners Name:

Business Owners Email:

Cell Phone Number:

Secondary Phone Number:

Permanent Mailing Address:

City:

State:

ZIP Code:

***General Manager Of Business***

Name:

Cell Phone Number:

Secondary Phone Number:

***Emergency Contact(s) - Business***

Name

Cell Phone Number

Secondary Phone Number