

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, NO 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 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
- 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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APPLICATION FOR COMMERCIAL BUSINESS LICENSE – NO ALCOHOL

(Check One) () **First Time License** Rehoboth Acct./Lic. # _____
() **Renewal Of Existing License** Rehoboth Business License Bill # _____
() **Change Of Address** Adjustment # _____

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 **December 31, 2024**.

Remittance is enclosed in the amount of \$ _____ Payable to: **City of Rehoboth Beach**

Business Name: _____
Mailing Address: _____
Business Phone # _____ Cell Phone # _____
Email Address: _____

Specify **type of business** for which the license is required: _____

Is your **business address located within the City Of Rehoboth limits**? Check one - ____ Y ____ N

If your business address is within City Of Rehoboth limits, street address _____

If your business address is within City Of Rehoboth limits list name & phone # of property owner/landlord below:

If your business is an LLC or partnership, list below the name and permanent address of each owner: if corporation, list name and permanent address of each principal officer and state of incorporation. Use reverse side of paper if necessary.

Name (print): _____	Name (print): _____
Signature: _____	Signature: _____
Home Address: _____	Home Address: _____
Address (cont'd): _____	Address (cont'd): _____
Title: _____	Title: _____
Cell Phone: _____	Cell Phone: _____
Driver's Lic. #: _____	Drivers Lic. #: _____
State Issued: _____	State Issued: _____
Tax ID#: _____	Tax ID#: _____
	Approved By: _____
	Date: _____

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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.			
		COMPANIES AFFORDING COVERAGE			
		COMPANY A			
INSURED		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
	<input type="checkbox"/> 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 \$
	<input type="checkbox"/> 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				\$
	<input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				\$
	<input type="checkbox"/> EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH ACCIDENT \$ AGGREGATE \$ EACH OCCURRENCE \$ AGGREGATE \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				STATUTORY LIMITS EACH ACCIDENT \$ DISEASE-POLICY LIMIT \$ DISEASE-EACH EMPLOYEE \$
	<input type="checkbox"/> OTHER Camper Accident				\$4,000 per camper
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		
ACORD 25-8 (3/93) ©ACORD CORPORATION 1993					

SAMPLE FORM

Insurers: Email to BuildingAndLicensing@cityofrehoboth.com

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Business Emergency Contact Form – 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 _____