



2009/2010 Mercantile License Application  
(May 1, 2009 to April 30, 2010)

Name of Business: \_\_\_\_\_

Name of Owner(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

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 Friday. No construction - 6 p.m. to 8 a.m.; no construction on Saturday, Sundays or National Holidays from May 15 through September 15.

**License Fee: \$ 80.00 November 1, 2009 through April 30, 2010**

- 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