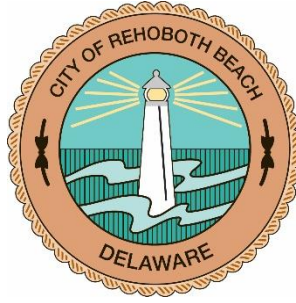


Building & Licensing  
229 Rehoboth Avenue  
P.O. Box 1163  
Rehoboth Beach, Delaware 19971



City of Rehoboth Beach  
Telephone 302-227-6181  
Fax 302-227-4504  
[www.rehobothbeachde.gov](http://www.rehobothbeachde.gov)

## 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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**APPLICATION FOR COMMERCIAL BUSINESS LICENSE**

Rehoboth Business Acct./Lic. # \_\_\_\_\_  
(Check One) ( ) **First Time** License  
( ) **Renewal** Of Existing License Rehoboth Business License Bill # \_\_\_\_\_  
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: \_\_\_\_\_

**I sour office/store/business located within the city limits?** Check one - \_\_\_\_ **Y** \_\_\_\_ **N**

If so, location: \_\_\_\_\_

**If you own a business establishment located within City limits, list name & phone# of property owner/landlord:**

**All businesses must complete owner's information below.**

**If your business is a partnership, list the name and permanent address of each member: if incorporation, 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): \_\_\_\_\_ (cont'd): \_\_\_\_\_

Title: \_\_\_\_\_ Title: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ Drivers License#: \_\_\_\_\_

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.			
		<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 USED 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	INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	DESCRIPTION
					GENERAL LIABILITY
					GENERAL AGGREGATE
					PRODUCTS-COMP. OP. AGG.
					PERSONAL & ADV. INJURY
					EACH OCCURRENCE
					Minimum \$1,000,000 Each Occurrence
					FIRE DAMAGE (including theft)
					MED EXPENSE (10/10/10)
					COMBINED SINGLE
					ANY AUTO
					LIMIT
					\$
					ALL OWNED AUTOS
					SCHEDULED AUTOS
					NON-OWNED AUTOS
					GARAGE LIABILITY
					\$
					EACH ACCIDENT
					AGGREGATE
					EACH OCCURRENCE
					AGGREGATE
					STATUTORY LIMITS
					EACH ACCIDENT
					DISEASE-POLICY LIMIT
					DISEASE-EACH EMPLOYEE
					\$4,000 per camper
DESCRIPTION OF OPERATIONS/ LOCATIONS/ VEHICLES/ SPECIAL ITEMS					
cmTI,IC,ITE11.Q,0ER					

SAMPLE FORM

City of Rehoboth Beach  
 229 Rehoboth Avenue  
 Rehoboth Beach, DE 19971

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, ITS AGENTS OR REPRESENTATIVES.

AUTH0A12:EO A;EPAE\$5.11Alt-d:

**Insurers: Email to [BuildingAndLicensing@cityofrehoboth.com](mailto:BuildingAndLicensing@cityofrehoboth.com)**



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

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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