



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

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://ifirststeps.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**
 () **Renewal Of Existing License**
 () **Change Of Address**

Rehoboth Acct./Lic. # _____

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: _____

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 pennant 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 Lie. #: _____ Drivers Lie. #: _____

State Issued: _____ State Issued: _____

Tax ID#: _____ Tax ID#: _____

Approved By: _____

Date: _____

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ACORD@		CERTIFICATE OF INSURANCE			ISSUE DATE (MM/00/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					
<p>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.</p>					
CO LTA	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	U. S. STATE
	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS MADE OWNERS & CONTRACTORS				
					GENERAL AGGREGATE \$
					PRODUCTS & SERVICES AGGREGATE \$
					PERSONAL & ADV. INJURY \$
					EACH OCCURRENCE \$
					Minimum \$1,000,000 Each Occurrence
	COMPLEMENTARY LIABILITY				MED. EXPENSE - SINGLE \$
	ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON OWNED AUTOS				LLIMIT \$
	GARAGE LIABILITY				\$
	ANY AUTO				EACH ACCIDENT \$
	UMBRELLA FORM OTHER THAN UMBRELLA FORM WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/				AGGREGATE \$
	PARTNERS/EXECUTIVE OFFICERS ARE: OTHER Camper Accident				AGGREGATE \$
					STATUTORY LIMITS \$
					EACH ACCIDENT \$
					DISEASE - POLICY LIMIT \$
					DISEASE - EACH EMPLOYEE \$
					\$4,000 per camper
DESCRIPTION OF OPERATIONS/ LOCATIONS/ VEHICLES/ SPECIAL ITEMS					
CERTIFICATE HOLDER		CELLA11CN			
City of Rehoboth Beach 229 Rehoboth Avenue Rehoboth Beach, DE 19971		<p>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.</p> <p>UIWOFZEO REPRESENATIVE</p>			

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