

CITY HALL
106 DORMAN STREET
HARRINGTON, DE 19952



302-398-3530 PHONE
302-398-4477 FAX
HARRINGTON.DELAWARE.GOV

Where Delaware Comes Together

APPLICATION FOR CONTRACTOR LICENSE*

Date of Submission: _____

Company Name: _____

Type of Business (Wholesale, Retail, Distribution, Etc.): _____

Mailing Address: _____

City, State, Zip Code: _____

Business Phone: _____ Alternate Phone: _____

Contact Person: _____ Title: _____

Email: _____

I declare under penalty of false statement that, to the best of my knowledge and belief, the information included in this application is true and correct. I am knowledgeable of, have complied with, and will continue to comply with all ordinances of the City of Harrington.

Signature Name Title

***COPY OF DELAWARE BUSINESS LICENSE and CERTIFICATE OF LIABILITY INSURANCE** must accompany this form before processing can begin. Any applications submitted without these items will be returned to contact person stated above. **FEE for LICENSE: \$100.00 ANNUALLY**. License dates: July 1st thru June 30th of issued year.

For City Use Only	
Reviewed by: _____	License #: _____
<input type="checkbox"/> Approved	Approval Date: _____
<input type="checkbox"/> Denied	Reason: _____