

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: \$125.00 ANNUALLY**. License dates: July 1<sup>st</sup> thru June 30<sup>th</sup> of issued year.

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