

**TOWN OF TOWNSEND
P.O. BOX 223
TOWNSEND, DE 19734**

TELEPHONE: (302) 378-8082

FAX: (302) 378-7099

APPLICATION FOR CONTRACTOR'S LICENSE

The undersigned applicant, being duly qualified and authorized by law to conduct this business,
herby makes application in accordance with the Town of Townsend for a Contractor's License.

NAME OF BUSINESS: _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

(If different than mailing)

Tele. No. () _____ **Zip:** _____

Fax No. () _____

_____ General _____ Roofer _____ HVAC _____ Excavator	_____ Electrical (State Lic. No. _____) _____ Plumber (State Lic. No. _____) _____ Mason Contractor _____ Other
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PERMIT FEE: \$100.00 (Paid at time Application is submitted)
The undersigned Applicant agrees to comply with all the Ordinances of the Town of Townsend

Print Name & Title

Signature of Applicant

(Office use only)

PERMIT NO: _____ **ISSUED:** _____ **Expiration Date** _____

Copy to Accounting with Check Paid Check # _____ Dated _____

**Please Supply a copy of all state licenses and a Certificate of Liability Insurance with this application.
No License will be issued without these items being supplied to the town.**

**Town of Townsend Contractor's Licenses are only valid with a current
insurance certificate on file with the Town.**