



Town of Clayton  
 414 Main Street  
 P.O. Box 1130  
 Clayton, DE 19938  
 Telephone: (302) 653-5637 Fax (302) 653-2017  
 Website: www.clayton.delaware.gov  
 Email: townofclayton@clayton-delaware.com

## APPLICATION FOR CONTRACTOR LICENSE

Licenses are valid one year from date of application. Renewal reminders will be sent to the mailing/email address provided. In order to be processed, applications must be completely filled out, below documents provided and all outstanding Town of Clayton fines or fees must be paid. The Licensing and Inspection Department will review all submissions. Should an application be denied, the applicant will be notified in writing of the reason and steps to be taken for approval. Notification will be sent to mailing address provided.

Please provide the following documents with your application or it cannot be processed;

- Copy of State of Delaware Business License including Professional License
- Copy of valid Certificate of Liability Insurance with the Town of Clayton named as certificate holder  
**Minimum Insurance Requirements: Residential: \$500,000.00 Commercial: \$1,000,000.00**
- Annual Fee - \$100.00 Made Payable to: **Town of Clayton**
- Mail to: Town of Clayton, Department of Licensing and Inspection, P.O. Box 1130, Clayton, DE 19938
- Pay in person at the Clayton Town Hall, 414 Main Street

Name of Business (DBA): \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Business Type (Food Vendor/Utility/Electrician/General Contractor): \_\_\_\_\_

Business Address: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Owner Address: \_\_\_\_\_

Email: \_\_\_\_\_

Federal Employee Identification Number (if applicable): \_\_\_\_\_

Authorized Representative / Manager: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

*I, the undersigned applicant, attest that the information provided on this form is accurate and valid and that any false, misleading, or inaccurate information is grounds for the Town of Clayton to revoke/suspend this contractor license. I understand that if any of the provide information changes during the license period, that it is my responsibility to report those changes to the Town of Clayton. I understand that I must comply with the Rules, Ordinances, and Codes that have been adopted by the Town of Clayton and non-compliance may result in the suspension/revocation of this license.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

### **OFFICE USE ONLY: Staff Initials**

Received Date: \_\_\_\_\_ Type of Payment: \_\_\_\_\_ Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved / Denied (Incomplete application missing paperwork payment not received)