



APPLICATION FOR CONTRACTOR LICENSE

Town of Clayton, P.O. Box 1130, Clayton, DE 19938
(302) 653-5637

New Renewal

email: townofclayton@clayton-delaware.com

Annual Fee: \$100.00

Make Checks Payable to: "Town of Clayton"

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

- Copy of current State of Delaware Business License (including professional license if applicable)
- Copy of valid Certificate of Liability insurance with the Town of Clayton named as the certificate holder.
Minimum Insurance Requirements: Residential - \$500,000 Commercial - \$1,000,000

In order to be processed applications must be completed with the above information and signed or it will be returned.

After review and verification, applicants will be notified of approval/denial by the provided address/email along with any reason for denial. Licenses are valid for one (1) year from the date of approval. Outstanding fines, fees, or debts are grounds for the application being denied. Applications can be mailed to: Town of Clayton, Department of Licensing & Inspection, P.O. Box 1130, Clayton, DE 19938 or they may be dropped off in person at the Town Hall, 414 Main Street.

Name of Business (DBA) _____

Business Type _____

Business Address _____
Street Address City State Zip Code

Primary Phone No. _____ Email Address _____

Owner Name _____ Phone No. _____

Number of Employees _____ Federal Employee Identification Number _____

If you answer "yes" to any of the below questions, please provide an explanation on a separate page:

Yes / No Business/Owner certificate of registration, business or contractor's license previously denied, suspended, or revoked under the current or any other name by any state or municipal entity.

Yes / No Business/Owner under the current or any other name, has been convicted of a crime related to fraudulent or dishonest behavior in any state within the past five (5) years.

Yes / No Business/Owner has outstanding debts to the Town of Clayton for any fees, fines, penalties, taxes, etc.

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 it is my responsibility to report information changes during the license period to the Town of Clayton. I understand that it is my responsibility to ensure that all employees and I understand and 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. I understand that I must report all subcontractors performing work on my job site to the Town of Clayton and ensure they are licensed with the Town.

Applicant's Signature _____ Date _____

Print Name _____

FOR OFFICE USE ONLY

Received Date _____ Type of Payment _____ Reviewed By _____ Date _____

Approved / Denied Reason _____