

The Town of Fenwick Island  
800 Coastal Highway  
Fenwick Island DE 19944  
PHONE (302) 539-3011 FAX (302) 539-1305

Mercantile License Application  
MERCHANT LICENSE

Applicant Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

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

Name of Business: \_\_\_\_\_

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

Business Telephone: \_\_\_\_\_ Fax # \_\_\_\_\_

Names & Addresses of Principal Corporation Officers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Full Description of Business:

\_\_\_\_\_  
\_\_\_\_\_

I hereby acknowledge that in order to maintain my license privilege, I must comply with all Regulations and Ordinances of The Town of Fenwick Island and that all taxes and assessments due The Town of Fenwick Island upon the property which I own will be paid.

Applicant Name: \_\_\_\_\_

Make check payable to: Town of Fenwick Island

Merchant License: \$185.00 (calendar year) + .10 per square foot  
Late Fee: \$75.00

Merchant License Application  
PLOT PLAN OF BUSINESS

Business Name: \_\_\_\_\_

Location: \_\_\_\_\_

Drawing of Location Floor Plan (include dimensions)

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(For Office Use Only)

Square Footage \_\_\_\_\_

Rate \_\_\_\_\_

Total Square Footage Charge \_\_\_\_\_

License Fee \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_