



The Town of Fenwick Island

800 Coastal Highway, Fenwick Island, DE 19944-4409
302-539-3011 ~ 302-539-1305 fax
www.fenwickisland.delaware.gov

MERCANTILE LICENSE APPLICATION

Applicant's Name: _____

Address: _____

Phone #: _____ Email Address: _____

Name of Business: _____

Business Address: _____

Business Telephone #: _____ Fax #: _____

Name(s) & Address(es) of Principal Corporation Officer(s):

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 to the Town of Fenwick Island upon the property which I own will be paid.

Applicant's Signature

Today's Date

Make Checks payable to: Town of Fenwick Island

Contractor License: **\$185.00** (Calendar Year January – December) + .10 per square foot + \$53.00 (ambulance fee)
Late Fee: **\$100.00**

MERCANTILE LICENSE APPLICATION
PLOT PLAN OF BUSINESS

Name of Business: _____

Location: _____

Drawing of Location Floor Plan (include dimensions)

(FOR OFFICE USE ONLY)

Square Footage: _____ Rate: _____ Total Square Footage: _____

License Fee: _____ Approved by: _____ Date: _____