

CONTRACTORS LICENSE APPLICATION

REQUIRED DOCUMENTS

(Please return this page along with the following information with the Contractor's license Application)

_____ State of Delaware Business License (current year)

_____ Certificate of Liability Form (*Form must list the City of Milford as the Certificate Holder*)

_____ Contractors License Application Form (*Please see attached*)

_____ The annual fee* made payable to:

The City of Milford
180 Vickers Drive
Milford, DE 19963
302-424-8396

Annual fee is \$100, prorated semi-annually. January - June \$100 /// July - December \$50

PLEASE NOTE:

Please refer to our website at www.cityofmilford.com for current building codes and zoning ordinances. Please also be aware that all contractors in the City should possess a copy of the City of Milford Utility and Specification Manual, which can also be found at www.cityofmilford.com.



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January - June **\$100** /// July - December **\$50**

Trade Name of Business: _____

Name of Owner and Applicant: _____

Mailing Address of Business: _____

Business Phone Number: _____

Contact Person: _____

Contact Person Phone Number: _____

Contact Person Email: _____

Federal Employer Identification Number: _____

Principal Type of Business (*circle one*):

Alarms	Fencing	Plumbing
Asphalt/Paving	Fire Sprinkler	Roofing
Concrete	Flooring	Siding
Demolition	HVAC	Sign
Drywall	Landscaping	Site Work
Electric	Mason	Windows/Doors
Excavation	Painting	General

* Construction noise is permitted during the hours of 7:00am-7:00pm Monday – Friday and 8:00am-4:00pm Saturday.
Construction noise is **strictly prohibited** during any other hours.

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*Please note that any false or erroneous information provided on this application is grounds for the suspension of said license *without* return of fee.

The undersigned applicant states that he/she is knowledgeable of, has complied with and will continue to comply with all ordinances of the City.

Applicant Signature: _____ Printed: _____

OFFICE USE ONLY:

Received By: _____ Date: _____ Check #: _____ Amount: _____