



Town of Blades  
OFFICE OF MAYOR & COUNCIL  
20 W Fourth Street  
Blades, Delaware 19973-4122  
(P) 302.629.7366 (F) 302.629.0199

April 14<sup>th</sup>, 2014  
Annual Council Meeting  
7PM @ Hardin Hall

## AGENDA

- ❖ Lord's Prayer
- ❖ The Pledge of Allegiance
- ❖ Minutes from previous meeting
- ❖ Police Report
- ❖ Report from BEDCO
- ❖ Report from Planning and Zoning
- ❖ Unfinished Business:
  - Committee Reports:
    - Housing
    - Water
    - Street
    - Parks & Cemeteries
    - Police
    - Mayor's Report
- ❖ New Business:
  - Administer the Oath of Office to Elected Officials
  - Nominations for Vice-Mayor of Council
  - Commissioner Appointment by Mayor
    - Housing
    - Water
    - Streets
    - Parks & Cemeteries
    - Police
  - Appointment of Town Solicitor
    - Tim Willard, Fuqua, Yori & Willard in Georgetown
  - Appointment of Tax Assessor
    - Larry Monihan will temporarily continue assessments
  - Bids for cutting the cemetery
    - **Synopsis:** Bids will be opened for the lawn care cut & trim proposals
  - Archeology Bill for the waterline project



Town of Blades  
OFFICE OF MAYOR & COUNCIL  
20 W Fourth Street  
Blades, Delaware 19973-4122  
(P) 302.629.7366 (F) 302.629.0199

- **Synopsis:** The assessment needs to be completed for our USDA grant/funding application. Lisa with USDA stated that this can be rolled into our grant/funding but the town must bear the expense up front. Ed Otter with Delaware Historic Preservation will conduct the archeo assessment. The Town Administrator has talked with Todd Lawson, County Administrator and Mike Vincent, County President regarding why the county changed their mind in paying for the assessment up front. Waiting to hear back from them.

➤ Back-Up Well

❖ Good of the Community

❖ Adjournment

**\*\*\*DURING THE COURSE OF THE COUNCIL MEETING, COUNCIL OR MAYOR MAY CALL AN EXECUTIVE SESSION\*\*\*Pursuant to Title 29 Chapter 100 Section 10004(b)**

**\*\*\*AGENDA SUBJECT TO CHANGE\*\*\***

**\*\*\*AGENDA ITEMS LISTED MAY BE CONSIDERED OUT OF SEQUENCE\*\*\***

In accordance with 29 Del. C. §10004(e)(2), this agenda was posted on April 7, 2014 @ 12:50PM; and at least seven (7) days in advance of the meeting; on the website and the community board at Town Hall. VP

This Agenda was prepared by the Town Administrator and is subject to change to include the addition or deletion of items, including Executive Sessions, which arise at the time of the Meeting.



Town of Blades  
OFFICE OF MAYOR & COUNCIL  
20 W Fourth Street  
Blades, Delaware 19973-4122  
(P) 302.629.7366 (F) 302.629.0199

**Code Enforcement Report**

**March 2014**

**Complaints 5**

**Certified Letter 2**

**Ordinance # 330 (trash) 1**

**Ordinance # 431 (Basketball) 1**

**Rental Inspections 8 (17 remaining)**

**Mileage 5116**



**Town of Blades**  
**Water & Maintenance Department**

Month/Year: March 2014

Vehicle 1: 2008 GMC Sierra Monthly Total Fuel: \$408.61

Starting Mileage: 46,947 Ending Mileage: 47,977 Total Mileage: 1030

Vehicle 2: 1995 Ford F250 Monthly Total Fuel: \$226.45

Starting Mileage: 74,261 Ending Mileage: 74,557 Total Mileage: 296

Vehicle 3: 1995 Chevy D/T Monthly Total Fuel: 0

Starting Mileage: 21,505 Ending Mileage: 21,553 Total Mileage: 52

Maintenance 1: Gas Cans Monthly Total Fuel: 0

Maintenance 2: Backhoe Monthly Total Fuel: \_\_\_\_\_ Total Hours: 249.9

Complaints: 0 Disconnects: 10 Reconnects: 7

After Hour Calls: 1 After Hour Response: 1

Town Water Leaks: 1 Other Water Leaks: 1

Water Pumped for Month: Well #1: 1,402,500 Gallons Hours: 179.50

Well #2: 1,203,200 Gallons Hours: 149.60

Total: 2,605,700 Gallons Hours: 329.10

Actual meter reading date: \_\_\_\_\_

Chemicals Ordered: Caustic Soda: 330 Gallons Chlorine: 120 Gallons

Corrosion Control: 0 Gallons Permanganate: 0 lbs.

Fluoride: 100 lbs.

Snow plowing: 25 Hours Salt spreading: 5.5 Hours

Comments: \_\_\_\_\_

Brandon Slater, DE Water Operator #10

DIVISION OF PUBLIC HEALTH  
OFFICE OF DRINKING WATER PROGRAM  
WATER WORKS REPORT

Supply Name Town of Blades PWSID# 865 Month March Year 2014

| Date | Time  | Sample Point | Fluoride       |       | Chlorine<br>lbs. or<br>GPD | Res. - mg/L<br>Treated Water | pH<br>Treated Water | Turbidity<br>Surface Water<br>Only | Other | Remarks |
|------|-------|--------------|----------------|-------|----------------------------|------------------------------|---------------------|------------------------------------|-------|---------|
|      |       |              | lbs. or<br>GPD | mg/l. |                            |                              |                     |                                    |       |         |
| 1    | 9:45  | plant        | 1862           | 1.15  |                            | 0.90                         | 6.2                 | 0.03                               | Mans  | 70      |
| 2    | 9:45  | plant        | 1863           | 0.79  |                            | 1.20                         | 6.8                 | 0.06                               |       | BS      |
| 3    | 9:50  | plant        | 1863           | 1.06  |                            | 1.15                         | 6.4                 | 0.04                               |       | 70      |
| 4    | 10:30 | plant        | 1863           | 1.14  |                            | 1.05                         | 6.2                 | 0.02                               |       | 70      |
| 5    | 9:00  | plant        | 1864           | 1.06  |                            | 1.05                         | 6.2                 | 0.08                               |       | 70      |
| 6    | 11:30 | plant        | 1864           | 1.16  |                            | 1.13                         | 6.3                 | 0.09                               |       | 70      |
| 7    | 9:05  | plant        | 1864           | 1.02  |                            | 0.91                         | 6.4                 | 0.08                               |       | 70      |
| 8    | 9:40  | plant        | 1865           | 1.07  |                            | 0.98                         | 6.3                 | 0.05                               |       | 70      |
| 9    | 12:00 | plant        | 1865           | 1.01  |                            | 1.07                         | 6.4                 | 0.06                               |       | 70      |
| 10   | 10:00 | plant        | 1865           | 1.06  |                            | 1.17                         | 6.2                 | 0.11                               |       | BS      |
| 11   | 1:40  | plant        | 1866           | 1.17  |                            | 1.21                         | 6.5                 | 0.08                               |       | 70      |
| 12   | 11:00 | plant        | 1866           | 1.05  |                            | 1.18                         | 6.5                 | 0.09                               |       | 70      |
| 13   | 11:00 | plant        | 1866           | 1.02  |                            | 1.03                         | 6.4                 | 0.07                               |       | 70      |
| 14   | 9:10  | plant        | 1867           | 1.10  |                            | 0.94                         | 6.3                 | 0.10                               |       | BS      |
| 15   | 11:15 | plant        | 1867           | 1.06  |                            | 0.97                         | 6.4                 | 0.06                               |       | 70      |
| 16   | 9:50  | plant        | 1867           | 1.04  |                            | 1.00                         | 6.5                 | 0.01                               |       | 70      |
| 17   | 10:30 | plant        | 1868           | 0.89  |                            | 1.03                         | 6.4                 | 0.06                               |       | BS      |
| 18   | 10:35 | plant        | 1868           | 0.80  |                            | 1.03                         | 6.2                 | 0.06                               |       | 70      |
| 19   | 1:10  | plant        | 1869           | 1.20  |                            | 1.11                         | 6.2                 | 0.09                               |       | 70      |
| 20   | 4:15  | plant        | 1869           | 1.20  |                            | 1.25                         | 6.2                 | 0.05                               |       | 70      |
| 21   | 9:20  | plant        | 1869           | 1.14  |                            | 1.03                         | 6.3                 | 0.01                               |       | 70      |
| 22   | 12:00 | plant        | 1870           | 1.19  |                            | 1.09                         | 6.3                 | 0.01                               |       | 70      |
| 23   | 10:30 | plant        | 1870           | 1.16  |                            | 1.12                         | 6.5                 | 0.03                               |       | 70      |
| 24   | 9:30  | plant        | 1870           | 0.76  |                            | 0.99                         | 6.4                 | 0.01                               |       | BS      |
| 25   | 1:10  | plant        | 1871           | 1.06  |                            | 0.96                         | 6.3                 | 0.03                               |       | 70      |
| 26   | 12:30 | plant        | 1871           | 0.99  |                            | 1.55                         | 6.3                 | 0.05                               |       | 70      |
| 27   | 1:30  | plant        | 1871           | 0.99  |                            | 1.17                         | 6.2                 | 0.04                               |       | 70      |
| 28   | 9:45  | plant        | 1872           | 0.87  |                            | 1.39                         | 6.8                 | 0.02                               |       | BS      |
| 29   | 9:15  | plant        | 1872           | 0.56  |                            | 1.25                         | 6.9                 | 0.03                               |       | 70      |
| 30   | 1:00  | plant        | 1872           | 1.06  |                            | 1.19                         | 6.7                 | 0.06                               |       | 70      |
| 31   | 9:30  | plant        | 1872           | 0.96  |                            | 1.57                         | 6.5                 | 0.04                               |       | BS      |
|      |       |              | 1872           | 0.81  |                            | 1.40                         | 6.6                 | 0.03                               |       | BS      |

Division of Public Health  
Office of Drinking Water  
Blue Hen Corporate Center  
655 Bay Road, Suite 203  
Dover, DE 19901

  
Supervisor

Date

**Town of Blades**  
**Monthly Well Reading Report**

Month of March Year 2014

| Day   | Well #1<br>GPM | Hours<br>On | Well #2<br>GPM | Hours<br>On | Backwash<br>Check | Initials |
|-------|----------------|-------------|----------------|-------------|-------------------|----------|
| 1     | 2371513        | 4391.9      | 2205102        | 1978.4      | ✓                 | ZP       |
| 2     | 2371883        | 4396.7      | 2205598        | 1984.6      | ✓                 | BS       |
| 3     | 2372272        | 4401.7      | 2206104        | 1990.8      | ✓                 | ZP       |
| 4     | 2372661        | 4407.1      | 2206613        | 1997.2      | ✓                 | ZP       |
| 5     | 2373131        | 4412.8      | 2206954        | 2001.5      | ✓                 | ZP       |
| 6     | 2373663        | 4422.2      | 2207272        | 2005.4      | ✓                 | ZP       |
| 7     | 2374206        | 4426.6      | 2207666        | 2010.3      | ✓                 | ZP       |
| 8     | 2375207        | 4439.5      | 2207958        | 2010.7      | ✓                 | ZP       |
| 9     | 2375383        | 4444.4      | 2208349        | 2018.7      | ✓                 | BS       |
| 10    | 2375961        | 4449.1      | 2208777        | 2024.1      | ✓                 | ZP       |
| 11    | 2376587        | 4457.0      | 2209244        | 2029.8      | ✓                 | ZP       |
| 12    | 2376909        | 4461.1      | 2209579        | 2034.0      | ✓                 | ZP       |
| 13    | 2377510        | 4468.9      | 2210045        | 2039.7      | ✓                 | BS       |
| 14    | 2378076        | 4475.2      | 2210445        | 2039.7      | ✓                 | ZP       |
| 15    | 2378531        | 4482.0      | 2210448        | 2044.7      | ✓                 | ZP       |
| 16    | 2378902        | 4486.7      | 2210904        | 2050.3      | ✓                 | BS       |
| 17    | 2379340        | 4492.3      | 2211483        | 2057.6      | ✓                 | BS       |
| 18    | 2379576        | 4495.3      | 2211977        | 2063.7      | ✓                 | ZP       |
| 19    | 2380084        | 4501.8      | 2212703        | 2072.8      | ✓                 | ZP       |
| 20    | 2380620        | 4508.7      | 2212718        | 2073.1      | ✓                 | ZP       |
| 21    | 2381180        | 4515.8      | 2212979        | 2076.3      | ✓                 | ZP       |
| 22    | 2381643        | 4521.8      | 2213382        | 2081.3      | ✓                 | ZP       |
| 23    | 2382046        | 4527.0      | 2213754        | 2085.4      | ✓                 | BS       |
| 24    | 2382420        | 4531.7      | 2214388        | 2093.8      | ✓                 | ZP       |
| 25    | 2382924        | 4538.2      | 2214569        | 2096.0      | ✓                 | ZP       |
| 26    | 2383081        | 4546.9      | 2215070        | 2102.7      | ✓                 | ZP       |
| 27    | 2383735        | 4548.6      | 2215968        | 2113.7      | ✓                 | BS       |
| 28    | 2384255        | 4555.2      | 2215969        | 2113.7      | ✓                 | ZP       |
| 29    | 2384385        | 4556.8      | 2216442        | 2119.4      | ✓                 | ZP       |
| 30    | 2385336        | 4568.8      | 2216704        | 2122.7      | ✓                 | BS       |
| 31    | 2385538        | 4571.4      | 2217134        | 2128.0      | ✓                 | BS       |
| Total | 1402,500       | 179.50      | 1203,200       | 149.60      |                   |          |

Total Gallons 2,605,700

Total Hours 329.10

Town OF Blades  
Monthly Effluent Flow Meter Report

Month of March

Year 2014

| Day   | Effluent Flow Meter | Initials |
|-------|---------------------|----------|
| 1     | 47782874            | JW       |
| 2     | 47891974            | BS       |
| 3     | 47901251            | JW       |
| 4     | 47910696            | JW       |
| 5     | 47918734            | JW       |
| 6     | 47929485            | JW       |
| 7     | 47937201            | JW       |
| 8     | 47947606            | JW       |
| 9     | 47952368            | BS       |
| 10    | 47966199            | JW       |
| 11    | 47977684            | JW       |
| 12    | 47984480            | JW       |
| 13    | 47996229            | BS       |
| 14    | 48000787            | JW       |
| 15    | 48010110            | JW       |
| 16    | 48018622            | BS       |
| 17    | 48028885            | BS       |
| 18    | 48036487            | JW       |
| 19    | 48049529            | BS       |
| 20    | 48055068            | JW       |
| 21    | 48063755            | JW       |
| 22    | 48072378            | JW       |
| 23    | 48080413            | BS       |
| 24    | 48090913            | JW       |
| 25    | 48099706            | JW       |
| 26    | 48109884            | JW       |
| 27    | 48120749            | BS       |
| 28    | 48125124            | JW       |
| 29    | 48132358            | JW       |
| 30    | 48144795            | BS       |
| 31    | 48161339            | BS       |
| Total | 2684650             |          |

Total Gallons 2,684,650

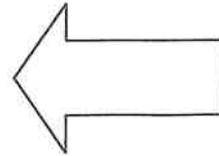


## **Nanticoke River Marine Park Festival**

Hosted by  
**Nanticoke River Sail & Power Squadron**  
**Sunday, May 4, 2014**

**10:00 AM – 4:00PM**

***Nanticoke River Marine Park***  
***Blades, DE***



**Some of last year's participants**  
Ace Hardware, Mid-Shore Boat Sales  
Sturgis Marine, Walker's Marine  
DNREC, Odd Fellows, Tony Windsor  
Seaford Historical Society, Gallery 107  
Charlie's Rolling Pigeons

**Food Available**

**Live Entertainment**

**New this year, Nautical (boat stuff) Yard Sale**

Get ready for the boating season,  
stop by for a  
***Vessel Safety Check***

Informational Displays  
And  
**So much more**

Stop by and meet  
Sea Vester

**“Rain or Shine”**



For more information contact CM Kohlenberg, 302-236-6593 or Peter Singleton, 302-745-5316



Town of Blades  
OFFICE OF MAYOR & COUNCIL  
20 W Fourth Street  
Blades, Delaware 19973-4122  
(P) 302.629.7366 (F) 302.629.0199

April 7<sup>th</sup>, 2014 to April 6<sup>th</sup>, 2015

**Elected Officials and Terms**

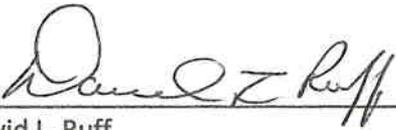
| <u>Title</u> | <u>Name</u>        | <u>Term Effective</u>        | <u>Appointment to Commission</u> |
|--------------|--------------------|------------------------------|----------------------------------|
| Mayor        | Michael J Smith    | April 8 <sup>th</sup> , 2013 |                                  |
| Councilman   | Russell Joseph     | April 8 <sup>th</sup> , 2013 | Streets Commissioner             |
| Councilman   | Earl Chaffinch Sr. | April 8 <sup>th</sup> , 2013 | Police Commissioner              |
| Councilman   | David Ruff         | April 7 <sup>th</sup> , 2014 | Parks & Cemetery Commissioner    |
| Councilman   | John Reiss         | April 7 <sup>th</sup> , 2014 | Housing Commissioner             |
| Councilman   | Robert Atkinson    | April 7 <sup>th</sup> , 2014 | Water Commissioner               |





Town of Blades  
OFFICE OF MAYOR & COUNCIL  
20 W Fourth Street  
Blades, Delaware 19973-4122  
(P) 302.629.7366 (F) 302.629.0199

I, David L. Ruff, having been elected as Councilperson to the Town of Blades, Sussex County, Delaware, do solemnly swear that I will support the Ordinances and abide by the Charter of the Town of Blades, support the Constitution of the United States and the Constitution of the State of Delaware, and that I will faithfully discharge the duties of the office to which I have been elected with fidelity.

  
\_\_\_\_\_  
David L. Ruff

Sworn to and subscribed before me

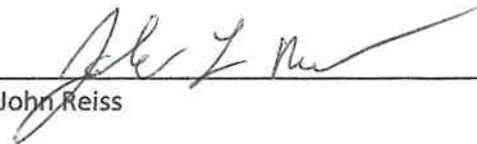
  
\_\_\_\_\_  
Vikki Prettyman, Notary Public

4/14/2014  
Date



Town of Blades  
OFFICE OF MAYOR & COUNCIL  
20 W Fourth Street  
Blades, Delaware 19973-4122  
(P) 302.629.7366 (F) 302.629.0199

I, John Reiss, having been elected as Councilperson to the Town of Blades, Sussex County, Delaware, do solemnly swear that I will support the Ordinances and abide by the Charter of the Town of Blades, support the Constitution of the United States and the Constitution of the State of Delaware, and that I will faithfully discharge the duties of the office to which I have been elected with fidelity.

  
\_\_\_\_\_  
John Reiss

Sworn to and subscribed before me

  
\_\_\_\_\_  
Vikki Prettyman, Notary Public

4/14/2014  
Date



Town of Blades  
OFFICE OF MAYOR & COUNCIL  
20 W Fourth Street  
Blades, Delaware 19973-4122  
(P) 302.629.7366 (F) 302.629.0199

I, **Robert Atkinson**, having been elected as Councilperson to the Town of Blades, Sussex County, Delaware, do solemnly swear that I will support the Ordinances and abide by the Charter of the Town of Blades, support the Constitution of the United States and the Constitution of the State of Delaware, and that I will faithfully discharge the duties of the office to which I have been elected with fidelity.

Robert Atkinson

Sworn to and subscribed before me

Vikki Prettyman, Notary Public

4/14/2014

Date

RECEIVED  
APR 03 2014



**Estimate**

| Date       | Estimate No. |
|------------|--------------|
| 04/01/2014 | 1259         |
| Exp. Date  |              |
|            |              |

**Address**

Vikki Prettyman  
Town of Blades  
Office of the Mayor & Council  
20 W Fourth Street  
Blades, DE 19973

| Service  | Description  | Quantity | Rate   | Amount |
|----------|--|----------|--------|--------|
| Services | • Mowing, Trimming, Blowing and Trash Collection (per cut) to be done at the discretion of the customer for a period of 3 years. |          | 195.00 | 195.00 |

Thanks for the opportunity to bid on your project! Please feel free to call with any questions.

|              |                 |
|--------------|-----------------|
| <b>Total</b> | <b>\$195.00</b> |
|--------------|-----------------|

Accepted By *Daniel R. Ruff*

Accepted Date *4/14/2014*

LICENSE NO. 2008202229 DORBL

STATE OF DELAWARE

VALID

POST CONSPICUOUSLY

DIVISION OF REVENUE

01/01/14 - 12/31/14  
NOT TRANSFERABLE

DLN: 14 01540 31 BUSINESS CODE 099  
GROUP CODE 007

LICENSED PROFESSIONAL AND/OR PRSL SRVCS-UNCLASSIFIED  
ACTIVITY PROFESSIONAL AND/OR PERSONAL SERVICES

DATE ISSUED: 01/16/14

\*\*VALIDATED\*\*

2014

LICENSE FEE: \$ 75.00

MAILING ADDRESS

BUSINESS LICENSE

BUSINESS LOCATION

OLSEN ENTERPRISES INC  
OE INC  
PO BOX 205  
HARBESON DE 19951-0205



OE INC  
PO BOX 205  
HARBESON DE 19951-0205

IS HEREBY LICENSED TO PRACTICE, CONDUCT OR ENGAGE IN THE OCCUPATION  
OR BUSINESS ACTIVITY INDICATED ABOVE IN ACCORDANCE WITH THE LICENSE  
APPLICATION DULY FILED PURSUANT TO TITLE 30, DEL CODE.

PATRICK T. CARTER

DIRECTOR OF REVENUE

IMPORTANT - TEAR AT ABOVE PERFORATION AND DISPLAY IN A PUBLIC LOCATION

Federal E.I. No. or  
Social Security Number 1 22397 6411 001

Business Code 099  
Group Code 007

Licensed PROFESSIONAL AND/OR PRSL SRVCS-UNCLASSIFIED  
Activity PROFESSIONAL AND/OR PERSONAL SERVICES

The State of Delaware Business License printed above must be posted in a public area at the location address listed. If you have any questions regarding this license, please call (302) 577-8778.

REPLACEMENT LICENSES

Keep this portion of your license separate, in case you need a replacement for any lost, stolen or destroyed license. A \$15 fee will be charged for the replacement of a license. Send the \$15 along with a copy of this form or provide your Federal Employer Identification Number, or Social Security Number, suffix, Business Code, Business Name and address to Delaware Division of Revenue, Attn.: Business Master File, PO Box 8750, Wilmington, DE 19899-8750. You will receive your replacement license within three to four weeks.

OTHER IMPORTANT INFORMATION

Most licensees are also required to pay either gross receipts or excise taxes in addition to the license fee. You can file these taxes online or obtain a paper form from our website at [www.revenue.delaware.gov](http://www.revenue.delaware.gov). You must submit all business tax returns filed with the Division of Revenue under the same identification number. If you are a sole-proprietor, and have a federal employer identification number, use the employer identification number, not your social security number. Only sole proprietors with no employees are allowed to file under their social security number. Inquiries regarding your coupon booklets to pay withholding, corporate tentative, and Sub Chapter "S" estimated taxes, or to make changes to your name, address, or identification number, should be directed to the Business Master File Unit at (302) 577-8778.

INTERNET SITE

The Division of Revenue web address is: [www.revenue.delaware.gov](http://www.revenue.delaware.gov). Visit our web site for tax tips, links to telephone numbers, forms that you can download, links to other State agencies, the Delaware Code, the publication "Delaware Guide for Small Business" and lots more. Internet filing of personal income tax returns via the Division of Revenue's website is available. Internet filing for Withholding, Gross Receipts and Corporate Tentative payments is also available.





**Harris Preservations**

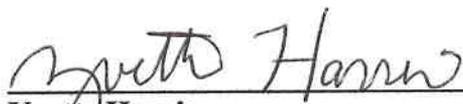
26876 Seaford Road  
Seaford, DE 19973  
302.258.4354 ph  
302.629.9405 fax

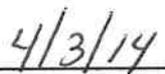
**Bid Proposal – Mowing and Trimming of the Town Cemetery**

**This Bid is Submitted to:**  
**Town of Blades**  
**Vikki Prettyman, Town Administrator**

The undersigned Bidder offers and agrees, if this Proposal is accepted, to enter into an agreement with the Town of Blades to complete all work specified and indicated in the Contract documents as follows:

1. The undersigned Bidder proposes to mow and trim the grass at the Town Cemetery on Market Street in Blades, Delaware **twice a month**; and to furnish all necessary labor, tools, equipment, and material to complete all the work specified in the Proposed Contract.
2. The undersigned Bidder proposes to mow and trim the Town Cemetery on Market Street, Blades, Delaware at a **rate** of \$305.00, per occurrence.

  
\_\_\_\_\_  
Yvette Harris  
Harris Preservations, LLC

  
\_\_\_\_\_  
Date

LICENSE NO. 2014601901

STATE OF DELAWARE  
DIVISION OF REVENUE

**VALID**  
03/25/2014 - 12/31/2014  
**NOT TRANSFERABLE**

POST CONSPICUOUSLY

BUSINESS CODE 331

LICENSED  
ACTIVITY

CONTRACTOR-RESIDENT

DLN: 14-92084-05-000

DATE ISSUED: 03/26/2014

**\*\*VALIDATED\*\***

**2014**

LICENSE FEE: \$ 62.25

MAILING ADDRESS

HARRIS PRESERVATION LLC  
26876 SEAFORD RD  
SEAFORD DE 19973-5939

**BUSINESS LICENSE**



BUSINESS LOCATION

HARRIS PRESERVATION LLC  
26876 SEAFORD RD  
SEAFORD DE 19973-5939

IS HEREBY LICENSED TO PRACTICE, CONDUCT OR ENGAGE IN THE OCCUPATION  
OR BUSINESS ACTIVITY INDICATED ABOVE IN ACCORDANCE WITH THE LICENSE  
APPLICATION DULY FILED PURSANT TO TITLE 30, DEL CODE.

Patrick T Carter  
DIRECTOR OF REVENUE

**IMPORTANT – TEAR AT ABOVE PERFORATION AND DISPLAY IN A PUBLIC LOCATION**

Unique ID#: B17861740367 001 Business Code 331 Licensed Activity CONTRACTOR-RESIDENT  
Group Code

The 2014 State of Delaware License printed above must be posted in a public area at the location address listed. If you have any questions regarding this license, please call (302) 577-8778.

**REPLACEMENT LICENSES**

Keep this portion of your license separate, in case you need a replacement for any lost, stolen or destroyed license. A \$15.00 fee will be charged for the replacement of a license. Send the \$15.00 along with a copy of this form or provide your Federal Employer Identification Number, or Social Security Number, suffix, Business Code, Business Name and address to Delaware Division of Revenue, Attn.: Business Master File, PO Box 8570, Wilmington, DE 19899-8750. You will receive your replacement license within three to four weeks.

**OTHER IMPORTANT INFORMATION**

Most licensees are also required to pay either gross receipts or excise taxes in addition to the license fee. You can file these taxes online or obtain a paper form from our website at [www.revenue.delaware.gov](http://www.revenue.delaware.gov). You must submit all business tax returns filed with the Division of Revenue under the same identification number. If you are a sole-proprietor, and have a federal employer identification number, use the employer identification number, not your social security number. Only sole proprietors with no employees are allowed to file under their social security number. Inquiries regarding your coupon booklets to pay withholding, corporate tentative and Sub Charter 'S' estimated taxes; or to make changes to your name, address or identification number should be directed to the Business Master File unit at (302) 577-8778. You may also E-mail us at: PATRICIA.LOCKLEAR@state.de.us.

**INTERNET SITE**

The Division of Revenue web address is: [www.revenue.delaware.gov](http://www.revenue.delaware.gov). Visit our web site for tax tips, links to telephone numbers, forms that you can download, links to other State agencies, the Delaware Code, the publication 'Delaware for Small Business' and lots more. Internet filing of personal income tax returns via the Division of Revenue's website is available. Internet filing for Withholding, Gross Receipts and Corporate Tentative payments is also available.



# CERTIFICATE OF LIABILITY INSURANCE

HARRI09

OP ID: JB

DATE (MM/DD/YYYY)

02/26/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

|  |  |
|--|--|
| PRODUCER<br>The Insurance Market Inc<br>450 N Central Ave PO Box 637<br>Laurel, DE 19956<br>Mark S Rubino, CIC | CONTACT NAME: <b>Mark S Rubino, CIC</b>                                      |
|  | PHONE (A/C, No, Ext): <b>302-875-7591</b> FAX (A/C, No): <b>302-875-7541</b> |
| E-MAIL ADDRESS:  |  |
| INSURER(S) AFFORDING COVERAGE  |  |
| INSURER A : <b>Selective Insurance Co</b>  | NAIC # <b>12572</b>  |
| INSURER B :  |  |
| INSURER C :  |  |
| INSURER D :  |  |
| INSURER E :  |  |
| INSURER F :  |  |

INSURED **Jacob & Yvette Harris dba  
Harris Preservation  
26876 Seaford Road  
Seaford, DE 19973**

**COVERAGES**

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE  | ADDL SUBR INSR  | WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|--|---|-----|---------------|-------------------------|-------------------------|---|
| A        | GENERAL LIABILITY  |   |     | S2080738      | 09/18/2013              | 09/18/2014              | EACH OCCURRENCE \$ <b>1,000,000</b>                         |
|          | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY               |   |     |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b> |
|          | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR |   |     |               |                         |                         | MED EXP (Any one person) \$ <b>10,000</b>                   |
|          |  |   |     |               |                         |                         | PERSONAL & ADV INJURY \$ <b>1,000,000</b>                   |
|          |  |   |     |               |                         |                         | GENERAL AGGREGATE \$ <b>3,000,000</b>                       |
|          |  |   |     |               |                         |                         | PRODUCTS - COMPIOP AGG \$ <b>3,000,000</b>                  |
|          |  |   |     |               |                         |                         |   |
|          | AUTOMOBILE LIABILITY   |   |     |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$                      |
|          | <input type="checkbox"/> ANY AUTO  |   |     |               |                         |                         | BODILY INJURY (Per person) \$                               |
|          | <input type="checkbox"/> ALL OWNED AUTOS                                       | <input type="checkbox"/> SCHEDULED AUTOS              |     |               |                         |                         | BODILY INJURY (Per accident) \$                             |
|          | <input type="checkbox"/> HIRED AUTOS   | <input type="checkbox"/> NON-OWNED AUTOS              |     |               |                         |                         | PROPERTY DAMAGE (PER ACCIDENT) \$                           |
|          |  |   |     |               |                         |                         | \$  |
|          | UMBRELLA LIAB  |   |     |               |                         |                         | EACH OCCURRENCE \$  |
|          | <input type="checkbox"/> EXCESS LIAB   | <input type="checkbox"/> OCCUR                        |     |               |                         |                         | AGGREGATE \$  |
|          | <input type="checkbox"/> DED   | <input type="checkbox"/> CLAIMS-MADE                  |     |               |                         |                         | \$  |
|          |  |   |     |               |                         |                         | \$  |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                  |   |     |               |                         |                         | WC STATUTORY LIMITS   |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)    | <input type="checkbox"/> Y <input type="checkbox"/> N |     | N/A           |                         |                         | OTH-ER  |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below                         |   |     |               |                         |                         | E.L. EACH ACCIDENT \$                                       |
|          |  |   |     |               |                         |                         | E.L. DISEASE - EA EMPLOYEE \$                               |
|          |  |   |     |               |                         |                         | E.L. DISEASE - POLICY LIMIT \$                              |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

Remax Crossroads  
Real Estate  
Elaine Davidson  
11551 Coastal Highway  
Ocean City, MD 21842

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

*Jessica McDee*

© 1988-2010 ACORD CORPORATION. All rights reserved.