

Town Of Frederica
P.O. Box 294
Frederica, DE 19946
(302) 335-5417
Application for Business License
January 1, 200__ to December 31, 200__

1. Name of Applicant: _____

Address: _____

Phone: _____ Cell: _____

2. Trade or Business: _____

3. Name of Business: _____

Mailing Address of Business: _____

Business Phone: _____

4. Location of Business: _____

5. If this is a rented or leased property – Owner's Name: _____

Address: _____

Phone: _____

6. To be completed by owner of property if not applicant:

I hereby give my acknowledgement to this business in or on my property

Signed: _____ (Owner)

7. State Business License#: _____

By applying and receiving this license I do hereby agree to abide by all of the Town of Frederica's ordinances and further more to comply with all Kent County and State of Delaware ordinances as well.

I hereby swear that all the above information is true and accurate to the best of my knowledge. Any changes should be reported to the Town of Frederica.

Signature: _____

Date: _____

Driver's License#: _____ State Issued: _____

Date received: _____

Date reviewed: _____ by Town Council and Mayor

Approved: _____

Denied: _____ Reason for Denial: _____

Special provisions: _____

Fee Paid: \$50.00 yearly

Mayor: _____ Date: _____