Print Form

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

Date: _____

Company Name: _____

Mailing Address: _____

_____

City, State & Zip Code: _____

_____

Business Phone: _____

Contact Person: _____

Address: _____

_____

City, State & Zip Code: _____

_____

Phone: _____

I hereby swear that all of the information herein is true

Signed: _____(Applicant)

Fee Paid: $50.00 yearly

Reviewed by: _____

MAKE A COPY OF DELAWARE BUSINESS LICENSE AND LIABILITY INSURANCE INFORMATION