

Town Of Frederica  
P.O. Box 294  
Frederica, DE 19946  
(302) 335-5417  
**Application for Business/Contractor License**  
January 1, 20\_\_ to December 31, 20\_\_

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: \_\_\_\_\_