Town Of Frederica P.O. Box 294 Frederica, DE 19946 (302) 335-5417 Application for Canvassers and Solicitors

1.	Name of Applie	cant:	
	Address:		
	Phone:	Cell:	
2.	Name of Emple	oyer:	
	Mailing Addr	ess of Business:	
	Business Ph	one:	
3.	Nature of Prod	uct or Service:	
4.	Name of manu	facturer of products or organization representing:	
5.	Proposed method of operation in the Town:		
6.	Date certificate covers:		
		postituting canvassing or soliciting shall only take place between the hours of 9:00 a.m. and 4:00 p.m. lawful for any person who is canvassing or soliciting to refuse to leave private premises when requested ne occupant.	
	By applying and ordinances and I	receiving this certificate I do hereby agree to abide by all of the Town of Frederica's aws.	
		nat all the above information is true and accurate to the best of my knowledge. Any changes should be own of Frederica.	
		Signature:	
		Date:	
		Driver's License#: State Issued:	
	Date received: _	by Town Council and Mayor	
	Denied:	Reason for Denial:	
	Special provision	IS:	
	Fee Paid: \$5.00	per person for 24 hr. period	
	Mayor:	Date:	