

**THE TOWN OF FREDERICA**  
**P.O. Box 294**  
**Frederica, DE 19946**  
**(302) 335-5417**  
**Application for Contractor's License**  
**January 1, 2022 to December 31, 2022**

1. Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

2. Trade or Business: \_\_\_\_\_

3. Name of Business: \_\_\_\_\_

Mailing Address of Business: \_\_\_\_\_

Business Phone: \_\_\_\_\_

\_\_\_\_\_

**PLEASE PROVIDE A COPY OF YOUR STATE BUSINESS LICENSE AND A CERTIFICATE OF INSURANCE**

By applying and receiving this license I do hereby agree to abide by all of the Town of Frederica's ordinances and 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: \_\_\_\_\_

Date received: \_\_\_\_\_

Date reviewed: \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Denied: \_\_\_\_\_ Reason for Denial: \_\_\_\_\_

**Fee Paid: \$100.00 Annually**