THE TOWN OF FREDERICA P.O. Box 294 Frederica, DE 19946 (302) 335-5417 Application for Business License January 1, 2023 to December 31, 2023

| Na | me of Applicant: | | |
|----|--|---|--|
| | Address: | | |
| | | | |
| | Phone: Cell: | | |
| Ty | pe of Business: | | |
| 1. | Name of Business: | | |
| | Mailing Address of Business: | | |
| | Business Phone: | | |
| 2. | Location of Business: | | |
| 3. | If this is a rented or leased property – Owner's Name: | | |
| | Address: | | |
| | Phone: | | |
| | To be completed by the owner of the property (if not the applicant): | | |
| | I hereby give my acknowledgment to this business in or on my property | | |
| | Signed: | (Owner) | |
| 5. | State Business License#: | | |
| | PLEASE PROVIDE A COPY OF YOUR STATE BUSINESS LICENSE AND A CERTIFICATE OF INSURANCE | | |
| | By applying and receiving this license I do hereby agre with all Kent County and State of Delaware ordinances | ee to abide by all of the Town of Frederica's ordinances and to comply s as well. | |
| | I hereby swear that all the above information is true and should be reported to the Town of Frederica. | d accurate to the best of my knowledge. Any changes | |
| | Signature: | | |
| | Date: | | |
| | | | |
| | Date received: | | |
| | Date reviewed: | | |
| | Approved: | | |
| | Denied: Reason for Denial: | | |

Fee Paid: \$100.00 Annually