

THE TOWN OF FREDERICA
P.O. Box 294
Frederica, DE 19946
(302) 335-5417
Application for Contractor's License
January 1, 2024 to December 31, 2024

1. Name of Applicant: _____

Address: _____

Phone: _____ Cell: _____

Email: _____

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