

THE TOWN OF FREDERICA
P.O. Box 294
Frederica, DE 19946
(302) 335-5417
Application for Business License
January 1, 2025 to December 31, 2025

Name of Applicant: _____

Address: _____

Phone: _____ Cell: _____

Type 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: _____

4. 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 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