

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

1. Name of Applicant: _____
Address: _____
Phone: _____ Cell: _____
Email: _____
2. Trade or Business: _____
3. Name of Business: _____
Mailing Address of Business: _____
Business Phone: _____
Email: _____

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