

THE TOWN OF FREDERICA
P.O. Box 294
Frederica, DE 19946
(302) 335-5417
Application for Business License
January 1, 2026 to December 31, 2026

Name of Applicant: _____

Address: _____

Phone: _____ Cell: _____

Type of Business: _____

Name of Business: _____

Physical Address of Business: _____

Mailing Address of Business: _____

Business Phone: _____

Business Email: _____

State Business License# _____

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)**

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

By applying for 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: _____

Date Approved: _____

Date Denied: _____ Reason for Denial: _____

Fee Paid: \$100.00 Annually