

TOWN OF DAVIE
6591 S.W. 45 STREET
DAVIE, FLORIDA 33314
(954)797-1112

HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: GRAB A SNACK

BUSINESS STREET ADDRESS: 13990 S.W. 24th St. Davie, FL ZIP 33325-5027

BUSINESS MAILING ADDRESS: 13990 S.W. 24th Street Davie FL ZIP 33325-5027

BUSINESS PHONE: (954) 423-0049

DESCRIBE TYPE OF BUSINESS: VENDING OFFICE

BUSINESS IS: Corporation _____ Sole Proprietor Partnership

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. MARIA LORENA, BEHAR	13990 Sw 24 th Street	Davie FL 33325	9544230049
2. MAURICIO, STEINMANN	13990 Sw 24 th Street	Davie FL 33325	9544230049

Federal ID Number or Social Security Number ① 590-24-3736 & ② 590-72-5649

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, 99, and must be renewed before October 1st.

This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.

MARIA LORENA BEHAR / MAURICIO STEINMANN
Print Owner or Officers Name and Title

Maria Lorena Behar / Mauricio Steinmann
Signature of Owner or Officer

Office Use Only: Date <u>4/5/99</u> Category <u>13500</u> Fee <u>\$50.50</u> Rec# <u>185699</u> New <input checked="" type="checkbox"/> Trans _____
License # <u>9912199</u> Control # <u>10594</u> Zoning <u>R-1</u> (<u>oak Hill</u>)
Council approval Required _____ Yes _____ No _____ Zoning Approval _____ Date _____
Town Council Date _____ Approved _____ Denied _____
Tabled To _____ Approved _____ Denied _____
TOWN CLERK APPROVAL _____

4/98

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION