6591 S.W. 45 STREET
DAVIE, FLORIDA 33314
(954)797-1137

HOME OCCUPATIONAL LICENSE APPLICATION

ISTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. nce completed, return the application to the building division located at Town Hall.

PPLICANTS: COMPLETE BOTH SIDES OF APPILCATION

JSINESS NAME: Bull Dog Computers, Inc

JSINESS STREET ADDRESS: 4301 SW 102 nd AVE Davie, FL ZIP 33328

USINESS MAILING ADDRESS: PO. Box 551747 FT. Lauderdale ZIP 33355

USINESS PHONE: 954-474-8337

ESCRIBE TYPE OF BUSINESS: Computer Consultant

USINESS IS: Corporation ✓ Sole Proprietor____ Partnership____

Owner/Officer (s)	Home Address	City/Zip	Phone#
MARK CASACCI	4301 SW. 102nd AVE	DAVIE, FL	954-423-2511

ederal ID Number or Social Security Number____

understand that this is an application for a home ccupational license in the Town of Davie and I may not conduct any usiness at this location until I have received the license itself. I further understand that this license upon issuance, is alid until September 30, 1999, 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.

MARK CASACCI PRESIDENT
Print Owner or Officers Name and Title

[signature]
Signature of Owner or Officer

OFFICE USE ONLY: Date 3/26/99 Category 05601 Fee 42-

License # 99-12165 Control # 10564 Zoning R-1 (Royal Palm Estates)

Council approval Required ____ Yes ____ No Zoning Approval ____ Date ____

Town Council Date ____ Approved ____ Denied ____

Tabled To ____ Approved ____ Denied ____

TOWN CLERK APPROVAL ____

8/97

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION