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: His Presence, Inc

BUSINESS STREET ADDRESS: 2151 S.W. 117 Terr ZIP 33325

BUSINESS MAILING ADDRESS: 2151 S.W. 117 Terr Davie, Fla ZIP 33325

BUSINESS PHONE: (954) 473-0360

DESCRIBE TYPE OF BUSINESS: Linen and decoratives wholesale

BUSINESS IS: Corporation ✓ Sole Proprietor____ Partnership____

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. Cheryl Gerber	2151 S.W. 117 Terr	Davie Fla 33325	954 473-0360
2.			

Federal ID Number or Social Security Number 336-78-2540

I understand that this is an application for a home ccupational 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.

Cheryl Gerber/owner Cheryl Gerber/owner

Print Owner or Officers Name and Title **Signature of Owner or Officer**

Office Use Only: Date 4/30/99 Category 159 50 Fee 52.50 Rec#____ New ✓ Trans____

License # 99-12312 Control # 10697 Zoning R-1 (Home Estates)

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**