

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: Rico Insulation
BUSINESS STREET ADDRESS: 13511 SW 14TH STREET PL ZIP 33325
BUSINESS MAILING ADDRESS: _____ ZIP _____
BUSINESS PHONE: 954-610-4660
DESCRIBE TYPE OF BUSINESS: Insulation Contractor
BUSINESS IS: Corporation Sole Proprietor _____ Partnership _____

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Federal ID Number or Social Security Number 65-0801088

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.

Luis E Cruz
Print Owner or Officers Name and Title

Luis Cruz
Signature of Owner or Officer

Office Use Only: Date <u>5/14/99</u> Category <u>05800</u> Fee <u>187</u> Rec# <u>185543</u> New <input type="checkbox"/> Trans <input checked="" type="checkbox"/>
License # <u>99-12360</u> Control # <u>10741</u> Zoning <u>R-1</u>
Council approval Required _____ Yes _____ No _____ Zoning Approval _____ Date _____
Town Council Date _____ Approved _____ Denied _____
Tabled To _____ Approved _____ Denied _____
TOWN CLERK APPROVAL _____