

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: B. J. Realty Group, Inc
BUSINESS STREET ADDRESS: 3453 CRYSTAL LAWS ZIP 33329-2023
BUSINESS MAILING ADDRESS: P.O. Box 292023, Davie, FL ZIP 33329-2023
BUSINESS PHONE: 954-577-5155
DESCRIBE TYPE OF BUSINESS: Real Estate
BUSINESS IS: Corporation Sole Proprietor Partnership

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>B. J. Smith</u>	<u>3453 Crystal Lw</u>	<u>Davie, FL 33329-2023</u>	<u>954-577-5155</u>
2. _____	_____	_____	_____

Federal ID Number or Social Security Number _____

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, 2009 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.

B. J. Smith

Print Owner or Officers Name and Title

B. J. Smith

Signature of Owner or Officer

Office Use Only: Date <u>9/27/09</u> Category <u>15602</u> Fee <u>115.50</u> Rec# <u>783520</u> New <input checked="" type="checkbox"/> Trans <input type="checkbox"/>
License # <u>07-12904</u> Control # <u>11112</u> Zoning <u>A-1</u> (Carlton Ranches)
Council approval Required _____ Yes _____ No _____ Zoning Approval _____ Date _____
Town Council Date _____ Approved _____ Denied _____
Tabled To _____ Approved _____ Denied _____
TOWN CLERK APPROVAL _____