

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: Lyons Consulting INC  
BUSINESS STREET ADDRESS: 14011 SW 36 Ct Davie FL ZIP 33330  
BUSINESS MAILING ADDRESS: 14011 SW 36 Ct Davie FL ZIP 33330  
BUSINESS PHONE: 954-476-8551  
DESCRIBE TYPE OF BUSINESS: Clerical & Bookkeeping Services (office use)  
BUSINESS IS: Corporation  Sole Proprietor  Partnership

| Owner/Officer (s)     | Home Address                   | City/Zip     | Phone#              |
|-----------------------|--------------------------------|--------------|---------------------|
| 1. <u>Laura Lyons</u> | <u>14011 SW 36 Ct Davie FL</u> | <u>33330</u> | <u>954 476 4083</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, 2000, 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.**

Laura Lyons, Pres/owner  
Print Owner or Officers Name and Title

Laura Lyons  
Signature of Owner or Officer

|  |   |
|--|---|
| Office Use Only: Date <u>9/22/99</u> Category <u>13500</u> Fee <u>105.00</u> Rec# <u>524837</u> New <input checked="" type="checkbox"/> Trans <input type="checkbox"/> |   |
| License # <u>20-12903</u> Control # <u>11111</u>   | Zoning <u>R-1</u><br>(Sunny Lane Farms) |
| Council approval Required <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Zoning Approval _____ Date _____                           |   |
| Town Council Date _____ Approved _____ Denied _____  |   |
| Tabled To _____ Approved _____ Denied _____  |   |
| TOWN CLERK APPROVAL _____  |   |