

TOWN OF DAVIE
OCCUPATIONAL
LICENSE DIVISION

6591 SW 45 ST
 DAVIE, FL 33314
 (954) 797-1112

PEDDLER / SOLICITOR / SEASONAL SALES APPLICATION

DATE 11-3-99 FILING FEE Exempt RECEIPT # 412739 RECEIVED BY SS

License # _____ Control # _____ Date Issued _____

APPLICANTS NAME: TERESA L Caprio / RAINBOW FOUNDATION

ADDRESS: 7160 Stirling Rd 10360 Port of Spain St

PHONE NUMBER: 954-438-1900 COOPER CITY, FL 33026

LOCATION SITE: 15601 SHERIDAN ST DAVIE FL (MOVING THEATERS)

HOW LONG DO YOU DESIRE TO DO BUSINESS IN THE TOWN OF DAVIE: Nov 27, thru Dec 24

DESCRIBE THE NATURE OF YOUR BUSINESS/GOODS TO BE SOLD: CHRISTMAS TREES 11/27/99-12/24/99

PERSONAL INFORMATION: Date of Birth 6-16-48 Birth Place TRENTON, N.J Race WHITE
 Sex F Hair BROWN Eyes BROWN Weight 180 Height 5'6" Age 51
 Social Security Number _____ Driver License Number _____

LIST ANY CHANGES OF ADDRESS WITHIN THE PAST FIVE YEARS: NO

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME, MISDEMEANOR, OR VIOLATION OF ANY MUNICIPAL ORDINANCE? IF YES, STATE NATURE OF OFFENSE AND THE PUNISHMENT OF PENALTY ASSESSED NO

NAME OF PRESENT EMPLOYER AND ADDRESS: SELF-EMPLOYED / RAINBOW FOUNDATION
7160 STIRLING RD. DAVIE FL 33024

VEHICLE INFORMATION: VIN # _____ Year 1999
 Tag # _____ Make CAMRY Model TOYOTA

- The following are required at the time of application:
- | | | |
|---|---|--|
| <input type="checkbox"/> Health Department Permit | <input type="checkbox"/> Property Owners Approval | <input checked="" type="checkbox"/> Certificate of Insurance no less than \$1,000,000.00 |
| <input checked="" type="checkbox"/> Fingerprints | <input type="checkbox"/> \$50.00 Clean Up Bond | <input checked="" type="checkbox"/> References from two Broward County Property Owners |
| <input checked="" type="checkbox"/> Surety Bond of \$1,000.00 | <input type="checkbox"/> Proof of Portable Toilet | <input checked="" type="checkbox"/> 2"x 2" Photograph (taken 60 days prior to application) |
| <input checked="" type="checkbox"/> Proof of Sales Tax Number | <input type="checkbox"/> Parking available | |

I acknowledge that the above marked attachments are required for submission of this application. I have received a copy of section 17 of the Town of Davie Code and acknowledge the restrictions of same.

TERESA L. CAPRIO
 Print Applicant's Name And Title

Teresa L Caprio
 Applicant's Signature

- | | | |
|---|-------|------------|
| Planning & Zoning Approval _____ | _____ | Date _____ |
| Police Department Approval _____ | _____ | Date _____ |
| Fire Department Approval _____ | _____ | Date _____ |
| Code Enforcement Approval _____ | _____ | Date _____ |
| Town Clerk/Council Approval _____ | _____ | Date _____ |
| (Town Council Approval Needed for Seasonal Sales) | | |

Effective Date 09/97



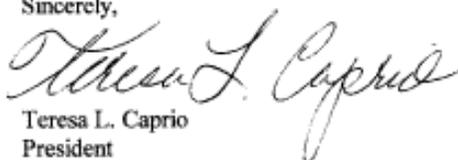
RETARDED ADULTS IN NEED BRIGHTEN OUR WORLD INC.
A NON-PROFIT ORGANIZATION
10260 PORT OF SPAIN ST. COOPER CITY FL 33026
PH. 954-878-2467 FAX 954-450-4397
RainbwFD@aol.com

Retarded Adults in Need Brighten Our World Inc. (RAINBOW), is a nonprofit organization devoted to serving the Mentally Retarded/Developmentally Disabled children and adults currently not being served in the State of Florida.

Our primary purpose is to establish **group home facilities**, with a warm loving home atmosphere for adults whose parents can no longer care for them. In addition we will provide duly qualified organizations, groups, associations and individuals with funding through public and private sponsors and grants. Therefore we request from the Town of Davie, to be recognized as a tax exempt 501 (a), of the Internal Revenue Code as an organization described in section 501 © 3.

We thank you for your time and consideration,

Sincerely,

A handwritten signature in cursive script that reads "Teresa L. Caprio".

Teresa L. Caprio
President