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: PLASTIC PROCESS ENGINEERING CORP

BUSINESS STREET ADDRESS: 10291 SW 40 ST. ZIP 33328

BUSINESS MAILING ADDRESS: SAME ZIP

BUSINESS PHONE: 954-473-4011

DESCRIBE TYPE OF BUSINESS: DESIGN DRAFTING

BUSINESS IS: Corporation ✓ Sole Proprietor____ Partnership____

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. ANTHONY LICARI	10291 SW 40 ST.	DAVIE 33328	954-473-4011
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, 00, 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.

ANTHONY LICARI PRES

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

Office Use Only: Date 11/18/99 Category 15100 Fee 52.50 Rec# 194330 New ✓ Trans____

License # ____ Control # ____ Zoning R-1

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**

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