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: THUNDER PRESSURE CLEANING, INC.

BUSINESS STREET ADDRESS: 1621 SW 117 AVE, Davie, FL ZIP 33325

BUSINESS MAILING ADDRESS: 1621 SW 117 AVE, Davie, FL ZIP 33325-4648

BUSINESS PHONE: (954) 472-9827

DESCRIBE TYPE OF BUSINESS: PRESSURE CLEANING

BUSINESS IS: Corporation ✓ Sole Proprietor____ Partnership____

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. ANDREA CACCIATORE	1621 SW 117 AVE.	DAVIE 33325	(954) 472-9827
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.

ANDREA CACCIATORE, PRESIDENT — Andrea Cacciatore

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

Office Use Only: Date 11/9/99 Category 10500 Fee $105 Rec# ____ New ✓ Trans ____

License # 00 13118 Control # 11248 Zoning R-1 Little Laundry Rt.

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**