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: Rodolfo T Gomez

BUSINESS STREET ADDRESS: 14401 SW 23rd St Davie ZIP 33325

BUSINESS MAILING ADDRESS: same ZIP

BUSINESS PHONE: 954 474 2505

DESCRIBE TYPE OF BUSINESS: building contractor house inspections

BUSINESS IS: Corporation ____ Sole Proprietor ✓ Partnership ____

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. Rodolfo T Gomez	14401 SW 23rd St	Davie 33325	954 474 2505

Federal ID Number or Social Security Number ____

I understand that this is an application for a home ccupational 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.

Rodolfo T Gomez
Print Owner or Officers Name and Title

Signature of Owner or Officer

Office Use Only: Date 12/6/99 Category C5900 Fee 157.50 Rec# ____ New ✓ Trans ____

License # 00-13178 Control # 11291 Zoning R-1 (OAK HILL)

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**