

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: R+R WATER WORKS INC  
BUSINESS STREET ADDRESS: 4800 SW 61 AVE DAVIE ZIP 33314  
BUSINESS MAILING ADDRESS: 4800 SW 61 AVE DAVIE ZIP 33314  
BUSINESS PHONE: 954-587-5941  
DESCRIBE TYPE OF BUSINESS: PROFESSIONAL POND KITS (selling kits)  
BUSINESS IS: Corporation  Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_

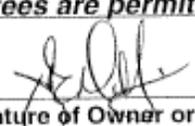
Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>JEFF RANKIN</u>	<u>4800 SW 61 AVE</u>	<u>DAVIE / 33314</u>	<u>954-587-5941</u>
2. _____	_____	_____	_____

Federal ID Number or Social Security Number 265-253024

*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.**

JEFF RANKIN PRESIDENT  
Print Owner or Officers Name and Title

  
Signature of Owner or Officer

Office Use Only: Date <u>1/5/99</u> Category <u>15950</u> Fee <u>105.00</u> Rec# _____ New <input checked="" type="checkbox"/> Trans _____		
License # _____	Control # _____	Zoning <u>A-1</u>
Council approval Required _____ Yes _____ No _____	Zoning Approval _____	Date _____
Town Council Date _____	Approved _____	Denied _____
Tabled To _____	Approved _____	Denied _____
<b>TOWN CLERK APPROVAL</b> _____		