

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: Sue A. Troxel  
BUSINESS STREET ADDRESS: 13400 S.W. 30<sup>th</sup> Ct. ZIP 33330  
BUSINESS MAILING ADDRESS: Same ZIP \_\_\_\_\_  
BUSINESS PHONE: ~~954/9067~~ 954/915-9067  
DESCRIBE TYPE OF BUSINESS: Real Estate Broker  
BUSINESS IS: Corporation \_\_\_\_\_ Sole Proprietor  Partnership \_\_\_\_\_

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>Sue A. Troxel</u>	<u>Same</u>	<u>Same</u>	
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, 2008, 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.**

Sue A Troxel \_\_\_\_\_  
Print Owner or Officers Name and Title Signature of Owner or Officer

<b>Office Use Only:</b> Date <u>4/17/08</u> Category <u>15602</u> Fee <u>57.25</u> Rec# _____ New <input checked="" type="checkbox"/> Trans _____	
License # <u>000-13607</u> Control # <u>11614</u> Zoning <u>R-1 with parking</u>	
Council approval Required _____ Yes _____ No _____ Zoning Approval _____ Date _____	
Town Council Date _____ Approved _____ Denied _____	
Tabled To _____ Approved _____ Denied _____	
<b>TOWN CLERK APPROVAL</b> _____	