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: No1 Bobcat and Trucking, Inc

BUSINESS STREET ADDRESS: 2701 SW 154 Ave, Davie ZIP 33331

BUSINESS MAILING ADDRESS: 2701 SW 154 Ave, Davie ZIP 33331

BUSINESS PHONE: _____

DESCRIBE TYPE OF BUSINESS: Bobcat service

BUSINESS IS: Corporation X Sole Proprietor ____ Partnership ____

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. Damon Carroll	2701 SW 154 Ave	Davie, 33330	931 6760
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, _____, 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.

Damon Carroll
Print Owner or Officers Name and Title

Damon Carroll
Signature of Owner or Officer

Office Use Only: Date 5/24/00 Category 15701 Fee _____ Rec# _____ New ____ Trans ✓

License # _____ Control # _____ Zoning K-1

Council approval Required _____ Yes _____ No Zoning Approval _____ Date _____

Town Council Date _____ Approved _____ Denied _____

Tabled To _____ Approved _____ Denied _____

OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____

3/00 **OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION**