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: PK Permitting

BUSINESS STREET ADDRESS: 11951 S.W. 18th Court Davie ZIP 33325

BUSINESS MAILING ADDRESS: 11951 S.W. 18th Court Davie ZIP 33325

BUSINESS PHONE: (954) 275-0983

DESCRIBE TYPE OF BUSINESS: Construction Permitting Service

BUSINESS IS: Corporation ____ Sole Proprietor X Partnership ____

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. Phyllis Kiziah	11951 S.W. 18th Ct.	Davie 33325	275-0983
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, 00, 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.

Phyllis Kiziah
Print Owner or Officers Name and Title

Phyllis Kiziah
Signature of Owner or Officer

Office Use Only: Date 1/18/00 Category 18400 Fee 52.50 Rec# 22[illegible] New ✓ Trans ____

License # 00-13745 Control # 11720 Zoning R-1 (Old Bridge Run)

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