

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: VMB CONSL-ETWC
BUSINESS STREET ADDRESS: 4075 W. Ridgeview Dr. ZIP _____
BUSINESS MAILING ADDRESS: DAVIE FL ZIP 33330
BUSINESS PHONE: (954) 557-3551
DESCRIBE TYPE OF BUSINESS: Construction office work
BUSINESS IS: Corporation Sole Proprietor _____ Partnership _____

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>Victor Blusucci</u>	<u>(SAME AS #BOYS)</u>	<u>(SAME)</u>	<u>(SAME)</u>
2. <u>MADONNA BLUSUCCI</u>	<u>(SAME AS #BOYS)</u>	<u>(SAME)</u>	<u>(SAME)</u>

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.

Victor Blusucci, PRES. _____
Print Owner or Officers Name and Title Signature of Owner or Officer

Office Use Only: Date <u>5/11/08</u> Category <u>GENERAL</u> Fee <u>15.75</u> Rec# <u>222452</u> New _____ Trans <input checked="" type="checkbox"/>
License # <u>0013730</u> Control # <u>11108</u> Zoning <u>A-1</u>
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

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