

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: Ch. Bookstore  
BUSINESS STREET ADDRESS: 1851 SW 136 Ave ZIP 33323  
BUSINESS MAILING ADDRESS: Same as above ZIP \_\_\_\_\_  
BUSINESS PHONE: 954-310-9757  
DESCRIBE TYPE OF BUSINESS: Bookstore  
BUSINESS IS: Corporation \_\_\_\_\_ Sole Proprietor  Partnership \_\_\_\_\_

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>Michael J. Ferguson</u>	<u>1851 SW 136 Ave</u>	<u>Davie</u>	<u>310-9757</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, 08, 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.**

Michael J. Ferguson Michael J. Ferguson  
Print Owner or Officers Name and Title Signature of Owner or Officer

Office Use Only: Date <u>6/19/00</u> Category <u>15602</u> Fee <u>51.25</u> Rec# <u>822973</u> New <input checked="" type="checkbox"/> Trans _____
License # <u>0013851</u> Control # <u>11749</u> Zoning <u>R-1</u> (Oak Hill) Date _____
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