TOWN OF DAVIE
6591 S.W. 45 STREET
DAVIE, FLORIDA 33314
(954)797-1137

HOME OCCUPATIONAL LICENSE APPLICATION

NSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the building division located at Town Hall.

APPLICANTS: COMPLETE BOTH SIDES OF APPILCATION BUSINESS OPEN DATE_____

BUSINESS NAME: Lighthouse Production Service Inc

BUSINESS STREET ADDRESS: 13800 SW 16 ST Davie FL ZIP 33325

BUSINESS MAILING ADDRESS: 13800 SW 16 ST Davie FL ZIP 33325

BUSINESS PHONE: (954) 693-3515

DESCRIBE TYPE OF BUSINESS: Lighting service for film + video T.V. prod.

BUSINESS IS: Corporation S ✓ Sole Proprietor_____ Partnership_____ OFFICE ONLY

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. Kevin M. Killilea	13800 SW 16 ST	Davie Fl 33325	(954) 693-3515
2.			

Federal ID Number or Social Security Number #

I understand that this is an application for a home ocupational 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.

Kevin M. Killilea - President
Print Owner or Officers Name and Title

Kevin M. Killilea
Signature of Owner or Officer

OFFICE USE ONLY: Date 4/6/00 Category 18400 Fee 52.50

License # _____ Control # _____ Zoning B-1 Oakridge

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

Town Council Date _____ Approved _____ Denied _____

Tabled To _____ Approved _____ Denied _____

TOWN CLERK APPROVAL _____

8/97

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION