

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: CAROLIN Guest Inc. D/B/A THERE IS NO PLACE LIKE HOME

BUSINESS STREET ADDRESS: 13925 CARLTON DR ZIP 33330

BUSINESS MAILING ADDRESS: _____ ZIP _____

BUSINESS PHONE: (954) 475-2418

DESCRIBE TYPE OF BUSINESS: Interior Design Consultant

BUSINESS IS: Corporation Sole Proprietor Partnership

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>Kim Johnson</u>	<u>13925 Carlton Dr</u>	<u>Davie 33330</u>	<u>475-2418</u>
2. <u>A.G. Johnson</u>	<u>"</u>	<u>"</u>	<u>"</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, 20, 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.

Kim Johnson Pres
Print Owner or Officers Name and Title

Kim Johnson
Signature of Owner or Officer

Office Use Only: Date <u>8/4/00</u> Category <u>10400</u> Fee <u>31.50</u> Rec# <u>920246</u> New <input checked="" type="checkbox"/> Trans <input type="checkbox"/>	
License # <u>00-14089</u>	Control # <u>11969</u> Zoning <u>A-1</u>
Council approval Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Zoning Approval _____ Date _____
Town Council Date _____	Approved _____ Denied _____
Tabled To _____	Approved _____ Denied _____
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____	