

TOWN OF DAVIE
OCCUPATIONAL
LICENSE DIVISION

6591 SW 45 ST
 DAVIE, FL 33314
 (954) 797-1112

PEDDLER / SOLICITOR / SEASONAL SALES APPLICATION

DATE 9/21/00 FILING FEE exempt RECEIPT # _____ RECEIVED BY SS

License # _____ Control # _____ Date Issued _____

APPLICANTS NAME: Robert F. Dickinson / Davie United Methodist Church

ADDRESS: 6500 SW 47th St Davie FL 33314

PHONE NUMBER: 954 581 0920

LOCATION SITE: 6500 S.W. 47th St

HOW LONG DO YOU DESIRE TO DO BUSINESS IN THE TOWN OF DAVIE: Oct 18 - 31 2000

DESCRIBE THE NATURE OF YOUR BUSINESS/GOODS TO BE SOLD: Full Festival (pumpkins)

PERSONAL INFORMATION: Date of Birth 6/20/45 Birth Place W. Media NY Race cauc.
 Sex m Hair Brown Eyes Blue Weight 210 Height 5' 11" Age 55
 Social Security Number _____ Driver License Number _____

LIST ANY CHANGES OF ADDRESS WITHIN THE PAST FIVE YEARS: NO

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME, MISDEMEANOR, OR VIOLATION OF ANY MUNICIPAL ORDINANCE? IF YES, STATE NATURE OF OFFENSE AND THE PUNISHMENT OF PENALTY ASSESSED: NO

NAME OF PRESENT EMPLOYER AND ADDRESS: Davie United Methodist Church
6500 SW 47th St Davie FL

VEHICLE INFORMATION: VIN # _____ Year _____
 Tag # _____ Make _____ Model _____

The following are required at the time of application:

- | | | |
|---|---|--|
| <input type="checkbox"/> Health Department Permit | <input type="checkbox"/> Property Owners Approval | <input checked="" type="checkbox"/> Certificate of Insurance no less than \$1,000,000.00 |
| <input checked="" type="checkbox"/> Fingerprints | <input type="checkbox"/> \$50.00 Clean Up Bond | <input checked="" type="checkbox"/> References from two Broward County Property Owners |
| <input checked="" type="checkbox"/> Surety Bond of \$1,000.00 | <input type="checkbox"/> Proof of Portable Toilet | <input checked="" type="checkbox"/> 2"x 2" Photograph (taken 60 days prior to application) <u>OK</u> |
| <input checked="" type="checkbox"/> Proof of Sales Tax Number | <input type="checkbox"/> Parking available | |

I acknowledge that the above marked attachments are required for submission of this application. I have received a copy of section 17 of the Town of Davie Code and acknowledge the restrictions of same.

Rev Robert F. Dickinson Pastor
 Print Applicant's Name And Title

R. Robert Dickinson
 Applicant's Signature

Planning & Zoning Approval	_____	_____	Date
Police Department Approval	_____	_____	Date
Fire Department Approval	_____	_____	Date
Code Enforcement Approval	_____	_____	Date
Town Clerk/Council Approval (Town Council Approval Needed for Seasonal Sales)	_____	_____	Date

Effective Date 09/97