

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: Bartosch Property Management  
BUSINESS STREET ADDRESS: 6069 SW 54 Ct ZIP 33314  
BUSINESS MAILING ADDRESS: same ZIP \_\_\_\_\_  
BUSINESS PHONE: 797-5296  
DESCRIBE TYPE OF BUSINESS: LAWN MAINT.  
BUSINESS IS: Corporation  Solo Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>George Bartosch</u>	<u>6069 SW 54 Ct</u>	<u>Davie 33314</u>	<u>797-5296</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, 01, 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.**

George Bartosch (owner) \_\_\_\_\_  
Print Owner or Officers Name and Title Signature of Owner or Officer

Office Use Only: Date <u>10/5/00</u> Category <u>ORLO</u> Fee Exempt per Sec. 13-13 _____ Fee <u>53.92</u> Rec# <u>555327</u> New _____ Trans <input checked="" type="checkbox"/>
License # _____ Control # _____ Zoning <u>A-1</u>
Council approval Required _____ Yes _____ No _____ Zoning Approval _____ Date _____
Town Council Date _____ Approved _____ Denied _____
Tabled To _____ Approved _____ Denied _____
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____

8/00

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION