

TOWN OF DAVIE
OCCUPATIONAL
LICENSE DIVISION

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

PEDDLER / SOLICITOR / SEASONAL SALES APPLICATION

DATE 10/30/00 FILING FEE Exempt RECEIPT # _____ RECEIVED BY SS

License # 0114477 Control # 12209 Date Issued _____

APPLICANTS NAME: Nova High School Band

ADDRESS: 10181 SW 40th Street Davie FL 33328

PHONE NUMBER: 954-370-8629

LOCATION SITE: 3500 S. University Dr Davie

HOW LONG DO YOU DESIRE TO DO BUSINESS IN THE TOWN OF DAVIE: Christmas Season 11/27/00-12/24/00

DESCRIBE THE NATURE OF YOUR BUSINESS/GOODS TO BE SOLD: Christmas Trees

PERSONAL INFORMATION: Date of Birth 9/10/45 Birth Place Fort Wayne Ind Race W
 Sex M Hair B Eyes B Weight 168 Height 5'11" Age 55
 Social Security Number 361-36-8133 Driver License Number G650-153-45-336-0

LIST ANY CHANGES OF ADDRESS WITHIN THE PAST FIVE YEARS: None

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: All Florida Electric

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) |
| <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.

Charles Gurrino
 Print Applicant's Name And Title

Charles Gurrino
 Applicant's Signature

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

Effective Date 09/97