

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: EXTREME WHEELS INC.
BUSINESS STREET ADDRESS: 1831 SW 116 AVE DAVIE FL. ZIP 33325
BUSINESS MAILING ADDRESS: JAME ZIP _____
BUSINESS PHONE: 585-0204, 473-6055
DESCRIBE TYPE OF BUSINESS: INTERNET SALES
BUSINESS IS: Corporation Sole Proprietor _____ Partnership _____

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>JOSEPH TERMAN</u>	<u>1831 SW 116 AVE</u>	<u>DAVIE FL. 33325</u>	<u>473-6055</u>
2. <u>PATY TERMAN</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, 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.

JOSEPH TERMAN Pres.
Print Owner or Officers Name and Title
[Signature]
Signature of Owner or Officer

Office Use Only: Date <u>11/22/08</u> Category <u>05062</u> Fee Exempt per Sec. 13-13 Fee <u>63</u> Rec# <u>34779</u> New <input checked="" type="checkbox"/> Trans _____	
License # <u>01-14572</u> Control # <u>12289</u> Zoning <u>R-1</u> <u>(Little Country Estates)</u>	Date _____
Council approval Required _____ Yes _____ No _____ Zoning Approval _____ Date _____	
Town Council Date _____ Approved _____ Denied _____	
Tabled To _____ Approved _____ Denied _____	
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____	