

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: SANDRA'S SNACKS
BUSINESS STREET ADDRESS: 4950 SW 70th Ave Davie ZIP 33314
BUSINESS MAILING ADDRESS: Same ZIP _____
BUSINESS PHONE: 954 288-6215
DESCRIBE TYPE OF BUSINESS: Vending Machines
BUSINESS IS: Corporation Sole Proprietor _____ Partnership _____

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>Sandra Collins</u>	<u>4950 SW 70th Ave</u>	<u>Davie</u>	<u>33314</u>
2. _____	_____	_____	<u>(954) 316-6215</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, 2011, 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.

Sandra Collins
Print Owner or Officers Name and Title

Sandra Collins
Signature of Owner or Officer

Office Use Only: Date <u>2/15/07</u> Category <u>18805</u> Fee Exempt per Sec. 13-13 Fee <u>110.25</u> Rec# <u>156583</u> New <input checked="" type="checkbox"/> Trans _____		
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

2/15/07