

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: STANLEY N. SCHACHNE ARCHITECT, P.A.
BUSINESS STREET ADDRESS: 10101 S.W. 40TH ST. DAVIE ZIP 33328
BUSINESS MAILING ADDRESS: " " " ZIP " "
BUSINESS PHONE: (954) 236-9660
DESCRIBE TYPE OF BUSINESS: ARCHITECT
BUSINESS IS: Corporation Sole Proprietor _____ Partnership _____

| Owner/Officer (s) | Home Address | City/Zip | Phone# |
|-------------------------|----------------------------|--------------------|-----------------|
| 1. <u>STAN SCHACHNE</u> | <u>10101 S.W. 40TH ST.</u> | <u>DAVIE 33328</u> | <u>236-9660</u> |
| 2. _____ | _____ | _____ | _____ |

Federal ID Number or Social Security Num: _____

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, _____, 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.

STAN SCHACHNE - PRESIDENT _____
Print Owner or Officers Name and Title Signature of Owner or Officer

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| Office Use Only: Date <u>2/16/01</u> Category <u>15100</u> Fee Exempt per Sec. 13-13 _____ Fee <u>55.12</u> Rec# _____ New <input checked="" type="checkbox"/> Trans _____ |
| License # <u>01-14830</u> Control # <u>12470</u> Zoning <u>R-1</u> (Royal Palm Est.) |
| Council approval Required _____ Yes _____ No _____ Zoning Approval _____ Date _____ |
| Town Council Date _____ Approved _____ Denied _____ |
| Tabled To _____ Approved _____ Denied _____ |
| OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____ |