

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: Silver Unit Construction Inc  
BUSINESS STREET ADDRESS: 14901 SW 31 ct. Davie Fl ZIP 33331  
BUSINESS MAILING ADDRESS: 14901 SW 31 ct. Davie Fl ZIP 33331  
BUSINESS PHONE: (954) 253-9928 Fax (954) 693-9128  
DESCRIBE TYPE OF BUSINESS: Building Maintenance  
BUSINESS IS: Corporation  Sole Proprietor  Partnership

Owner/Officer (s) Home Address City/Zip Phone#  
1. Andy Rodriguez 14901 SW 31 ct. Davie 33331 954 915 9764  
2. William Kroll 2208 NE 18 Ave Ft. Laud. Fl 33305 954-253-524

Federal ID Number or Social Security Number [REDACTED]

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.**

Andy J. Rodriguez  
Print Owner or Officers Name and Title

Andy Rodriguez  
Signature of Owner or Officer

Office Use Only: Date <u>5/17/01</u> Category <u>04050</u> Fee Exempt per Sec. 13-13 <input type="checkbox"/> Fee <u>55113</u> Rec# <u>55</u> New <input checked="" type="checkbox"/> Trans <input type="checkbox"/>
License # <u>0115237</u> Control # <u>12791</u> Zoning <u>R-1</u>
Council approval Required <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Zoning Approval <input type="checkbox"/> Date _____
Town Council Date _____ Approved <input type="checkbox"/> Denied <input type="checkbox"/>
Tabled To _____ Approved <input type="checkbox"/> Denied <input type="checkbox"/>

OCCUPATIONAL LICENSE DEPARTMENT APPROVAL \_\_\_\_\_