

TOWN OF DAVIE
6591 S.W. 45 STREET
DAVIE, FLORIDA 33314
(954)797-1112

E

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: Hector Valiente's Lawn Service
BUSINESS STREET ADDRESS: 2800 SW. 136th Ave. E. Davie, Fl. ZIP 33330
BUSINESS MAILING ADDRESS: same ZIP _____
BUSINESS PHONE: 954 325-2452
DESCRIBE TYPE OF BUSINESS: Lawn Service - phone + mail only
BUSINESS IS: Corporation _____ Sole Proprietor Partnership _____

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>Hector R. Valiente</u>	<u>2800 SW. 136th Ave. E.</u>	<u>Davie 33330</u>	<u>475-3186</u>

2. _____
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, 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.

Hector Valiente _____
Print Owner or Officers Name and Title Signature of Owner or Officer

Office Use Only: Date <u>6/4/01</u> Category <u>08600</u> Fee Exempt per Sec. 13-13 Fee <u>22.05</u> Rec# <u>741916</u> New <input checked="" type="checkbox"/> Trans _____
License # <u>01-15300</u> Control # <u>12838</u> Zoning <u>R-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

signature - reverse side before print.