

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

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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: PERFECT PARTY POWIES & MORE
BUSINESS STREET ADDRESS: 1901 SW 112 AVE DAVIE ZIP 33325
BUSINESS MAILING ADDRESS: 1901 SW 112 AVE DAVIE ZIP 33325
BUSINESS PHONE: 954-423-4294
DESCRIBE TYPE OF BUSINESS: PARTY PLANNER / PONY RIDES - PETTING ZOO / PHONE & MAIL ONLY AT THIS LOCATION. NO ACTIVITIES HERE. ALL ACTIVITIES AT LOCATIONS OF CLIENTS.
BUSINESS IS: Corporation _____ Sole Proprietor Partnership _____

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>KATHLEEN CARTER</u>	<u>1901 SW 112 AVE</u>	<u>DAVIE</u>	<u>33325</u>
2. _____	_____	_____	<u>954 423 4294</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.

KATHLEEN CARTER Print Owner or Officers Name and Title
Kathleen Carter Signature of Owner or Officer

Office Use Only: Date <u>6/13/01</u> Category <u>14350</u> Fee Exempt per Sec. 13-13 _____ Fee <u>52.50</u> Rec# _____ New <input checked="" type="checkbox"/> Trans _____
License # <u>01-15334</u> Control # <u>12867</u> Zoning <u>R-1</u>
Council approval Required <input checked="" type="checkbox"/> Yes _____ No _____ Zoning Approval _____ Date _____
Town Council Date _____ Approved _____ Denied _____
Tabled To _____ Approved _____ Denied _____

OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____

3/00 **OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION**

501017 01 0000