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: Angie L. Darr

BUSINESS STREET ADDRESS: 13900 SW 15 ct, Davie, FL ZIP 33325

BUSINESS MAILING ADDRESS: Same ZIP

BUSINESS PHONE: 954-593-8466

DESCRIBE TYPE OF BUSINESS: Mail Order. (BUGGY BAGS FOR SHOPPING CARTS Phone + Mail ONLY)

BUSINESS IS: Corporation____ Sole Proprietor ✓ Partnership____

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. Angie L. Darr	13900 SW 15 ct.	Davie, FL 33325	954-593-8466
2.			

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, 2001, 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.

Angie L. Darr
Print Owner or Officers Name and Title

Signature of Owner or Officer

Office Use Only: Date 6/8/01 Category 11100 Fee Exempt per Sec. 13-13 Fee 55.13 Rec# 74929 New ✓ Trans____

License # 01-15319 Control # 12854 Zoning RS-1

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**