

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: Crossley Group Inc  
BUSINESS STREET ADDRESS: 13101 SW 16th Ct ZIP 33325  
BUSINESS MAILING ADDRESS: same ZIP \_\_\_\_\_  
BUSINESS PHONE: ~~954.599.3968~~ ~~954.599.3968~~ ~~954.599.3968~~ ~~954.599.3968~~ ~~954.599.3968~~ 954.599.3968  
DESCRIBE TYPE OF BUSINESS: e Internet / Software Staffing / Consulting  
BUSINESS IS: Corporation  Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>Rich Adams</u>	<u>13101 SW 16th Ct</u>	<u>Davie 33325</u>	<u>954.424.5105</u>
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, 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.**

Rich Adams President \_\_\_\_\_  
Print Owner or Officers Name and Title Signature of Owner or Officer

Office Use Only: Date <u>7/26/01</u> Category <u>01700</u> Fee Exempt per Sec. 13-13 _____ Fee _____ Rec# _____ New _____ Trans <input checked="" type="checkbox"/>
License # <u>015502</u> Control # <u>13003</u> Zoning <u>A-1</u>
Council approval Required <input checked="" type="checkbox"/> Yes _____ No _____ Zoning Approval _____ Date _____
Town Council Date _____ Approved _____ Denied _____
Tabled To _____ Approved _____ Denied _____
<b>OCCUPATIONAL LICENSE DEPARTMENT APPROVAL</b> _____

8/00 OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION