

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

mail address
Folio#
504024 020164

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: KANTUTA, CORP.
BUSINESS STREET ADDRESS: 12040 SW 32 ST DAVIE ZIP 33330
BUSINESS MAILING ADDRESS: SAME ZIP _____
BUSINESS PHONE: 3 (954) 915-8267
DESCRIBE TYPE OF BUSINESS: Office mail & phone General Contractor
BUSINESS IS: Corporation Sole Proprietor _____ Partnership _____

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>RAUL ASCARRUNZ</u>	<u>12040 SW 32 ST</u>	<u>DAVIE 33330</u>	<u>915 9112</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, 21, 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.

Raul Ascarrunz
Print Owner or Officers Name and Title

[Signature]
Signature of Owner or Officer

Office Use Only: Date <u>8/06/01</u> Category <u>05800</u> Fee Exempt per Sec. 13-13 _____ Fee _____ Rec# _____ New <input checked="" type="checkbox"/> Trans _____
License # <u>0115012</u> Control # <u>13088</u> Zoning <u>R-1</u> <i>12 year</i>
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

Need copy of this: Rec'd