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: Advanced Acoustics, Inc

BUSINESS STREET ADDRESS: 14091 S.W. 26 Court ZIP 33330

BUSINESS MAILING ADDRESS: Same ZIP

BUSINESS PHONE: 954 370 8065

DESCRIBE TYPE OF BUSINESS: Install Acoustical Ceilings (OFFICE)

BUSINESS IS: Corporation ✓ Sole Proprietor ____ Partnership ____

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. Cyndi Richards	14091 SW 26 Court	Davie 33330	9161625
2. Doug Richards	14091 SW 26 Court	Davie 33330	9161625

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, ____, 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.

Cyndi Richards President
Print Owner or Officers Name and Title

Signature of Owner or Officer

Office Use Only: Date 9/27/01 Category 058026 Fee Exempt per Sec. 13-13 ____ Fee 82.68 Rec# ____ New ✓ Trans ____

License # 02-15773 Control # 13208 Zoning R-1

Council approval Required ✓ Yes ____ No Zoning Approval Jat Date 9/28/01

Town Council Date ____ Approved ____ Denied ____

Tabled To ____ Approved ____ Denied ____

OCCUPATIONAL LICENSE DEPARTMENT APPROVAL ____

8/00 **OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION**