

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: Customs Review of South Florida, Inc

BUSINESS STREET ADDRESS: 6920 SW 56 COURT DAVIE ZIP 33314

BUSINESS MAILING ADDRESS: P.O. Box 29-1754 DAVIE ZIP 33329

BUSINESS PHONE: 954-792-9597

DESCRIBE TYPE OF BUSINESS: Customs CONSULTING

BUSINESS IS: Corporation  Sole Proprietor  Partnership

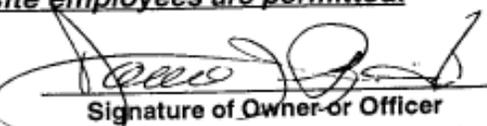
Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>DAMIANO J. PIENATO</u>	<u>6920 SW 56 COURT</u>	<u>DAVIE 33314</u>	<u>792-9214</u>
2. _____	_____	_____	_____

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, 2002, 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.**

DAMIANO J. PIENATO <sup>owner</sup> President  
Print Owner or Officers Name and Title

  
Signature of Owner or Officer

Office Use Only: Date <u>12/18/01</u> Category <u>04200</u> Fee Exempt per Sec. 13-13 <input type="checkbox"/> Fee <u>856.20</u> Rec# _____ New <input checked="" type="checkbox"/> Trans <input type="checkbox"/>
License # <u>02-16141</u> Control # <u>13474</u> Zoning <u>R-1</u>
Council approval Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Zoning Approval <u>JAB</u> (Caldin Frings, Ym rec.) Date <u>12/19/01</u>
Town Council Date _____ Approved _____ Denied _____
Tabled To _____ Approved _____ Denied _____
<b>OCCUPATIONAL LICENSE DEPARTMENT APPROVAL</b> _____

8/00

**OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION**