

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: VICAMM INVESTMENTS LLC  
BUSINESS STREET ADDRESS: 6899 SW 50 ST DAVIE FL ZIP 33314  
BUSINESS MAILING ADDRESS: 6899 SW 50 ST DAVIE FL ZIP 33314  
BUSINESS PHONE: 954-979-0707  
DESCRIBE TYPE OF BUSINESS: COMMERCIAL PROPERTY LEASING, office  
BUSINESS IS: Corporation  LLC Sole Proprietor  Partnership

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>DAVID W SEXTON JR PRES</u>	<u>6899 SW 50 ST</u>	<u>DAVIE FL</u>	<u>5815898</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, \_\_\_\_\_, 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.**

DAVID W SEXTON JR PRES  
Print Owner or Officers Name and Title

[Signature]  
Signature of Owner or Officer

Office Use Only: Date <u>12/20/01</u> Category <u>13500</u> Fee Exempt per Sec. 13-13 <input type="checkbox"/> Fee <u>110.25</u> Lic# _____ New <input type="checkbox"/> Trans <input type="checkbox"/>
License # <u>02-16149</u> Control # <u>13481</u> Zoning <u>A-1</u>
Council approval Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Zoning Approval <u>pat</u> Date <u>12/20/01</u>
Town Council Date _____ Approved _____ Denied _____
Tabled To _____ Approved _____ Denied _____
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____