

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

504013010098

## 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: GET SMART HOME INSPECTIONS, INC.  
BUSINESS STREET ADDRESS: 1801 S.W. 117 Ave ZIP 33325  
BUSINESS MAILING ADDRESS: 1801 S.W. 117 Ave ZIP 33325  
BUSINESS PHONE: 954-560-5139  
DESCRIBE TYPE OF BUSINESS: HOME INSPECTIONS  
BUSINESS IS: Corporation  Sole Proprietor  Partnership

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>JAMES A. PRIEST</u>	<u>1801 S.W. 117 Ave</u>	<u>DAVIE</u>	<u>954-560-5139</u>
2. _____	_____	_____	_____

Federal ID Number or Social Security Number EIN

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.**

JAMES A. PRIEST, President  
Print Owner or Officers Name and Title

[Signature]  
Signature of Owner or Officer

Office Use Only: Date <u>5/6/02</u> Category <u>18400</u> Fee Exempt per Sec. 13-13 <input type="checkbox"/>	
License # <u>0216760</u> Control # <u>13924</u> Fee <u>55.13</u> Rec'd <input type="checkbox"/> New <input checked="" type="checkbox"/> Trans <input type="checkbox"/>	
Zoning <u>R-1</u>	
Council approval Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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