

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: VERSTEC ELECTRIC INCORPORATED
BUSINESS STREET ADDRESS: 4020 SW 108 TERR DAVIE ZIP 33328
BUSINESS MAILING ADDRESS: 4020 SW 108 TERR DAVIE ZIP 33328
BUSINESS PHONE: 954-472-6813

DESCRIBE TYPE OF BUSINESS: ELECTRICAL CONTRACTOR
BUSINESS IS: Corporation Sole Proprietor _____ Partnership _____ OFFICE ONLY

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. FELIPE STECCO PRES.	4020 SW 108 TERR DAVIE	33328	954-472-6813
2. PATSY STECCO, V.P.T.S.	4020 SW 108 TERR DAVIE	33328	954-472-6813

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.

PATSY STECCO _____
Print Owner or Officers Name and Title
Patsy Stecco
Signature of Owner or Officer

Office Use Only: Date <u>9/30/02</u>	Category <u>05803</u>	Fee Exempt per Sec. 13-13 _____	Fee <u>86.81</u>	Rec# _____	New <input checked="" type="checkbox"/> Trans _____
License # <u>03-17420</u>	Control # <u>14408</u>	Zoning <u>A-1</u>	(Heater or space)		
Council approval Required <input checked="" type="checkbox"/> Yes _____ No _____	Zoning Approval <u>Pat</u>	Date <u>10/9/02</u>			
Town Council Date _____	Approved _____	Denied _____			
Tabled To _____	Approved _____	Denied _____			

OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____