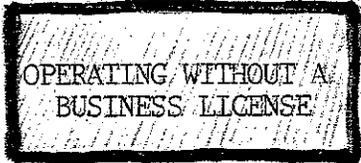


TOWN OF DAVIE  
6591 S.W. 45 STREET  
DAVIE, FLORIDA 33314  
(954)797-1112



# 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: LAZARO SALAZAR DEALER FOR SWAP ON TOOLS

BUSINESS STREET ADDRESS: 14521 SW 21 STREET ZIP 33325

BUSINESS MAILING ADDRESS: SAME AS ABOVE ZIP \_\_\_\_\_

BUSINESS PHONE: 954-663-4333

DESCRIBE TYPE OF BUSINESS: FRANCHISE - SALE ROUTE 1

BUSINESS IS: Corporation \_\_\_\_\_ Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_ FRANCHISE

| Owner/Officer (s)           | Home Address              | City/Zip           | Phone#            |
|-----------------------------|---------------------------|--------------------|-------------------|
| 1. <u>LAZARO A. SALAZAR</u> | <u>14521 SW 21 STREET</u> | <u>DAVIE 33325</u> | <u>954/425364</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.**

LAZARO A. SALAZAR  
Print Owner or Officers Name and Title

[Signature]  
Signature of Owner or Officer

|   |
|---|
| Office Use Only: Date <u>11/7/02</u> Category <u>07300</u> Fee Exempt per Sec. 13-13 _____ Fee <u>\$110.25</u> Rec# _____ New <input checked="" type="checkbox"/> Trans _____ |
| License # <u>03-17662</u> Control # <u>14556</u> Zoning <u>R-1</u>  |
| Council approval Required <input checked="" type="checkbox"/> Yes _____ No _____ Zoning Approval <u>[Signature]</u> Date <u>(ask Hill)</u>                                    |
| Town Council Date _____ Approved _____ Denied _____   |
| Tabled To _____ Approved _____ Denied _____   |
| <b>OCCUPATIONAL LICENSE DEPARTMENT APPROVAL</b> _____   |