

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: ATLANTIC FILMS, INC.
BUSINESS STREET ADDRESS: 14490 S.W. 24th ST. ZIP 33325
BUSINESS MAILING ADDRESS: DAVIE FLORIDA ZIP ~~33334~~ C
BUSINESS PHONE: 954-577-0550
DESCRIBE TYPE OF BUSINESS: MOTION PICTURE LIGHTING OFFICE ONLY
BUSINESS IS: Corporation Sole Proprietor Partnership

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>ANDY FOTO</u>	<u>14490 S.W. 24th ST.</u>	<u>DAVIE FL 33325</u>	<u>954-577-0550</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, 2003, 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.

ANDY FOTO C.E.O.
Print Owner or Officers Name and Title

[Signature]
Signature of Owner or Officer

Office Use Only: Date <u>2/6/03</u> Category <u>1350</u> Fee Exempt per Sec. 13-13 Fee <u>115.76</u> Rec# _____ New <input checked="" type="checkbox"/> Trans _____
License # <u>03-18110</u> Control # <u>14812</u> Zoning <u>R-1</u>
Council approval Required <input checked="" type="checkbox"/> Yes _____ No _____ Zoning Approval <u>[Signature]</u> Date <u>2/6/03</u>
Town Council Date _____ Approved _____ Denied _____
Tabled To _____ Approved _____ Denied _____ Located ID <u>8600</u>

OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____