



03-18673

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: The Custom Touch

BUSINESS STREET ADDRESS: 13930 S.W. 36 Ct Davie FL ZIP 33330

BUSINESS MAILING ADDRESS: SAME ZIP _____

BUSINESS PHONE: (954) 275-9757

DESCRIBE TYPE OF BUSINESS: Home Inspection

BUSINESS IS: Corporation Sole Proprietor _____ Partnership _____

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>DARRYL D. ZAGAR</u>	<u>13930 S.W. 36 Ct</u>	<u>DAVIE FL 33330</u>	<u>954 452-9675</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.

DARRYL D. ZAGAR, President
Print Owner or Officers Name and Title

[Signature]
Signature of Owner or Officer

Office Use Only: Date <u>6/23/03</u> Category <u>18400</u> Fee <u>115.76</u> Rec# _____		Fee Exempt per Sec. 13-13 _____	
License # <u>03-18673</u> Control # <u>15253</u>		New <input checked="" type="checkbox"/> Trans _____	
Council approval Required <input checked="" type="checkbox"/> Yes _____ No _____		Zoning <u>R-1</u>	
Town Council Date _____ Approved _____ Denied _____		Date <u>6/25/03</u>	
Tabled To _____ Approved _____ Denied _____		Location <u>10. 9752</u>	
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____			

8/00

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION

JULY 16

I.D. 6/24/03