

1-7-04 NEW 04-19399

TOWN COUNCIL

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: Embellishments & Design, Inc

BUSINESS STREET ADDRESS: 3829 Gulfstream Way, Davie ZIP 33328

BUSINESS MAILING ADDRESS: _____ ZIP _____

BUSINESS PHONE: 954-682-2959

DESCRIBE TYPE OF BUSINESS: Interior Decorating

BUSINESS IS: Corporation Sole Proprietor _____ Partnership _____

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>Kathleen DeBlasis</u>	<u>3829 Gulfstream Way</u>	<u>Davie, 33328</u>	<u>954-577-9708</u>
2. <u>Sandra Drosgray</u>	<u>2561 Eagle Run Lane</u>	<u>Weston 33327</u>	<u>954-385-8819</u>

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, ~~2004~~, 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.

Kathleen V. DeBlasis
Print Owner or Officers Name and Title

K. DeBlasis
Signature of Owner or Officer

Office Use Only: Date <u>1-7-04</u> Category <u>10400</u>		Fee Exempt per Sec. 13-13 _____	
License # <u>04-19399</u> Control # <u>15795</u>		Fee <u>69.46</u> Rec# _____ New <input checked="" type="checkbox"/> Trans _____	
Council approval Required <input checked="" type="checkbox"/> Yes _____ No _____		Zoning <u>A9</u>	
Town Council Date _____ Approved _____ Denied _____		Date <u>1/7/04</u>	
Tabled To _____ Approved _____ Denied _____		<u>50-41-19-12-0420</u>	
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL		<u>LOCATER ID 73288</u> <u>LONG LAKE RANCHES</u>	

8/00

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION

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