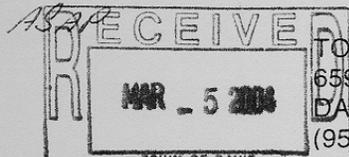


3-5-04  
04-19589



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

March 25 - deadline  
APRIL 7 - J.C. meeting



# 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: HILLIAR AND COMPANY

BUSINESS STREET ADDRESS: 13150 SW 16<sup>TH</sup> CT DAVIE, FL 33325

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

BUSINESS PHONE: 954-476-0407 OFFICE 954 520 1064 CELL

DESCRIBE TYPE OF BUSINESS: CONSULTING

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

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. CHARLES S. HILLIAR	13150 SW 16 <sup>TH</sup> CT	DAVIE, FL 33325	954-520-1064 CELL 954-476-0407
2. GLORIA M. HILLIAR	13150 SW 16 <sup>TH</sup> CT	DAVIE, FL 33325	954-240-3977 CELL

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.**

CHARLES S. Hilliar \_\_\_\_\_ Charles S. Hilliar \_\_\_\_\_  
 Print Owner or Officers Name and Title Signature of Owner or Officer

<b>Office Use Only:</b> Date <u>3-5-04</u> Category <u>04200</u> Fee Exempt per Sec. 13-13 _____ Fee <u>92.61</u> Rec# _____ New <input checked="" type="checkbox"/> Trans _____	
License # <u>04-19589</u> Control # <u>15953</u> Zoning <u>R-1</u>	
Council approval Required <input checked="" type="checkbox"/> Yes _____ No _____ Zoning Approval <u>Pat</u> Date <u>3/11/04</u>	
Town Council Date _____ Approved _____ Denied _____	
Tabled To _____ Approved _____ Denied _____ <u>7870</u>	
<b>OCCUPATIONAL LICENSE DEPARTMENT APPROVAL</b> <u>50-40-14-10-040</u>	

8/00 OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION

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