

3/18/04 04-19628

TC. APRIL 7th
deadline 3-25-04

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: TE's Home Remodeling and Repair Inc.

BUSINESS STREET ADDRESS: 14100 SW 22nd Pl. ZIP 33325

BUSINESS MAILING ADDRESS: 81ME A BOVE ZIP _____

BUSINESS PHONE: 954 822 0068 954 423 3242

DESCRIBE TYPE OF BUSINESS: CARPENTRY

BUSINESS IS: Corporation Sole Proprietor _____ Partnership _____

| Owner/Officer (s) | Home Address | City/Zip | Phone# |
|------------------------------|-------------------------|--------------|---------------------|
| 1. <u>MARTIN W HUTCHESON</u> | <u>17100 SW 22nd Pl</u> | <u>DAVIE</u> | <u>954 423 3242</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, 04, 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.

Martin W. Hutcheson
Print Owner or Officers Name and Title

Martin W. Hutcheson
Signature of Owner or Officer

| | | | | | | | | | |
|---|-------------------------------------|---------------------|--------------|-----------------------|--|------------------|----------------|---|-------------|
| Office Use Only: | | Date <u>3/18/04</u> | | Category <u>05806</u> | Fee Exempt per Sec. 13-13 <input type="checkbox"/> | Fee <u>86.81</u> | Rec# _____ | New <input checked="" type="checkbox"/> | Trans _____ |
| License # | <u>04 19628</u> | Control # | <u>15986</u> | Zoning | <u>R-1</u> | | | | |
| Council approval Required | <input checked="" type="checkbox"/> | Yes _____ | No _____ | Zoning Approval | <u>Pat</u> | Date | <u>3/23/04</u> | | |
| Town Council Date | _____ | Approved | _____ | Denied | _____ | | | | |
| Tabled To | _____ | Approved | _____ | Denied | _____ | | | | |
| OCCUPATIONAL LICENSE DEPARTMENT APPROVAL | | | | | | | | | |

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