

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: CENTRAL SERVICE & SUPPLY CO., INC.
BUSINESS STREET ADDRESS: 13770 SW 16 ST. ZIP 33325
BUSINESS MAILING ADDRESS: 13770 SW 16 ST. ZIP 33325
BUSINESS PHONE: 954-522-3884
DESCRIBE TYPE OF BUSINESS: MECHANICAL CONTRACTORS.
BUSINESS IS: Corporation Sole Proprietor Partnership

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. DONALD J. LOWE	1500 SW 130 AVE.	DAVIE, 33325	954-444-1901
2. MARVIN & ALICE LOWE	13770 SW 16 ST.	DAVIE, 33325	954-474-5476

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, _____, 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.

Donald J. Lowe
DONALD J. LOWE/PRESIDENT
Print Owner or Officers Name and Title

Donald J. Lowe
Signature of Owner or Officer

Office Use Only: Date <u>4/17/04</u>	Category <u>05805</u>	Fee Exempt per Sec. 13-13 <input type="checkbox"/>	Fee <u>43.41</u>	Rec# _____	New <input checked="" type="checkbox"/>	Trans <input type="checkbox"/>
License # <u>0419707</u>	Control # <u>16052</u>	Loc ID <u>1902</u>	Zoning <u>R-1</u>			
Council approval Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Zoning Approval <u>9/16</u>	Date <u>4/19/04</u>				
Town Council Date _____	Approved _____	Denied _____				
Tabled To _____	Approved _____	Denied _____				
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____						

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