

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: AHP inc
BUSINESS STREET ADDRESS: 11651 SW 21 Place ZIP 33325
BUSINESS MAILING ADDRESS: 11651 SW 21 Place ZIP 33325
BUSINESS PHONE: _____
DESCRIBE TYPE OF BUSINESS: Consultant OFFICE ONLY
BUSINESS IS: Corporation Sole Proprietor _____ Partnership _____

| Owner/Officer (s) | Home Address | City/Zip | Phone# |
|----------------------------|-----------------------|--------------------|---------------------|
| 1. <u>Alan Posner</u> | <u>11651 SW 21 Pl</u> | <u>Davie 33325</u> | <u>954-473-4514</u> |
| 2. <u>Gail Shor Posner</u> | <u>11651 SW 21 Pl</u> | <u>Davie 33325</u> | <u>954-473-4514</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, ~~2005~~ 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.

Alan Posner, President
Print Owner or Officers Name and Title

Alan Posner
Signature of Owner or Officer

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|--|
| Office Use Only: Date <u>8/4/05</u> Category <u>04200</u> Fee Exempt per Sec. 13-13 _____ Fee <u>2</u> <u>46.31</u> 706 # _____ New <input checked="" type="checkbox"/> Trans _____ |
| License # <u>04-20219</u> Control # <u>16388</u> <u>ON IN SYS.</u> Zoning <u>R-1</u> |
| Council approval Required <input checked="" type="checkbox"/> Yes _____ No _____ Zoning Approval <u>Pat</u> Date <u>8/10/04</u> |
| Town Council Date _____ Approved _____ Denied _____ |
| Tabled To _____ Approved _____ Denied _____ |
| OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____ <u>GIVE ESTIMATES</u> <u>LOCATER ID 7076</u> <u>50-40-13-02-0390</u> |

Phone
&
Mail only

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