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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: Roof Treatment Inc.

BUSINESS STREET ADDRESS: 2421 SW 127th Ave. Davie ZIP 33325

BUSINESS MAILING ADDRESS: 2421 SW 127th Ave ZIP 33325

BUSINESS PHONE: 954-275-1031 954 473-6285

DESCRIBE TYPE OF BUSINESS: office only

BUSINESS IS: Corporation  Sole Proprietor  Partnership

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. Frank Miele	2421 SW 127th Ave.	Davie, 33325	954-275-1580
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.**

<u>Frank Miele</u>	<u>Frank Miele</u>
Print Owner or Officers Name and Title	Signature of Owner or Officer

Office Use Only: Date <u>8/20/04</u> Category <u>13500</u> Fee Exempt per Sec. 13-13 <input type="checkbox"/> Fee <u>121.55</u> Rec# _____ New <input checked="" type="checkbox"/> Trans <input type="checkbox"/>	
License # <u>05-20288</u> Control # <u>16439</u> <small>PL. OK IN SYSTEM</small> Zoning <u>Ag.</u>	
Council approval Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Zoning Approval <u>Pat</u> Date <u>8/24/04</u>	
Town Council Date _____ Approved _____ Denied _____	
Tabled To _____ Approved _____ Denied _____	
<b>OCCUPATIONAL LICENSE DEPARTMENT APPROVAL</b> <u>LOCATER 10-7408</u> <u>50-40-14-01-0540</u>	

8/00 **OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION**  
Phone Mail only

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