10-6-04
+ name/address

Oct 21 TC Nov 3rd

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: Complete Water System inc

BUSINESS STREET ADDRESS: 2961 SW 111 terr ZIP 33328

BUSINESS MAILING ADDRESS: Same ZIP

BUSINESS PHONE: 954-985-9800

DESCRIBE TYPE OF BUSINESS:

BUSINESS IS: Corporation ✓ Sole Proprietor_____ Partnership_____

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. John Ladue	2961 SW 111 Terr		954 214 3608
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, 2005, 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.

X John Ladue
Print Owner or Officers Name and Title

X
Signature of Owner or Officer

Office Use Only: Date 10/6/04 Category 07300 Fee Exempt per Sec. 13-13 ___ Fee 11.58 Rec#_____ New _____ Trans ✓

License # 05-20417 Control # 16534 Zoning R-1

Council approval Required ✓ Yes _____ No Zoning Approval Jat Date 10/7/04

Town Council Date _____ Approved _____ Denied _____

Tabled To _____ Approved _____ Denied _____

OCCUPATIONAL LICENSE DEPARTMENT APPROVAL LOCATER ID 16136 50-41-19-02-0010

8/00

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION

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