

TOWN OF DAVIE
6591 S.W. 45 STREET
DAVIE, FLORIDA 33314
(954)797-1112

Town Council
1-5-05

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: Integrated Rehab PA.

BUSINESS STREET ADDRESS: 2180 SW 115 Terr ZIP 33325

BUSINESS MAILING ADDRESS: SAME ZIP 33325

BUSINESS PHONE: 954 816-1029

DESCRIBE TYPE OF BUSINESS: Home Physical Therapy (Home Health)

BUSINESS IS: Corporation Sole Proprietor Partnership *NO BUSINESS FROM HOME*

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>MARK Niles</u>	<u>2180 SW 115 Terr</u>	<u>Davie 33325</u>	<u>954-577-3444</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, 05, 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.

MARK Niles _____
Print Owner or Officers Name and Title Signature of Owner or Officer

Office Use Only: Date <u>12/6/04</u> Category <u>15100</u> Fee Exempt per Sec. 13-13 <input type="checkbox"/> Fee <u>60.77</u> Rec# _____ New <input checked="" type="checkbox"/> Trans <input type="checkbox"/>
License # <u>05-20764</u> Control # <u>16718</u> Zoning <u>R-1</u>
Council approval Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Zoning Approval <input checked="" type="checkbox"/> Date <u>12-9-04</u>
Town Council Date _____ Approved _____ Denied _____
Tabled To _____ Approved _____ Denied _____
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____ <u>LOCATED ID 7004</u> <u>56-46-13-02-0030</u>

8/00 OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION R-1