

10-6-04
TRANS/ADDRESS

TC. NOV 31d

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: Tri County Salt & Service

BUSINESS STREET ADDRESS: 2961 SW 111 Terr ZIP 33328

BUSINESS MAILING ADDRESS: Same ZIP _____

BUSINESS PHONE: 954 985 9800

DESCRIBE TYPE OF BUSINESS: Salt Delivery - OFFICE ONLY

BUSINESS IS: Corporation _____ Sole Proprietor Partnership _____

| Owner/Officer (s) | Home Address | City/Zip | Phone# |
|----------------------|-------------------------|--------------|---------------------|
| 1. <u>John Ladue</u> | <u>2961 SW 111 Terr</u> | <u>Davie</u> | <u>954 214 3608</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, 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.

John Ladue
Print Owner or Officers Name and Title

[Signature]
Signature of Owner or Officer 12155

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|--|------------------|
| Office Use Only: Date <u>10/6/04</u> Category <u>07300</u> Fee Exempt per Sec. 13-13 _____ Fee _____ Rec# _____ New <input checked="" type="checkbox"/> Trans <u>12.10</u> | |
| License # <u>05-20416</u> Control # <u>16535</u> Zoning <u>R-1</u> | |
| Council approval Required <input checked="" type="checkbox"/> Yes _____ No _____ Zoning Approval <u>[Signature]</u> Date <u>10/2/04</u> | |
| Town Council Date <u>11/3/04</u> Approved _____ Denied _____ | |
| Tabled To <u>11/17/04</u> Approved _____ Denied _____ | 50-41-19-02-0010 |
| OCCUPATIONAL LICENSE DEPARTMENT APPROVAL 16136 | |

8/00

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION

23.74