

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: A1 Zitro, Inc.
BUSINESS STREET ADDRESS: 6821 SW 56th Court Davie, Fl. ZIP 33314
BUSINESS MAILING ADDRESS: Same as above ZIP _____
BUSINESS PHONE: 954.854.6530
DESCRIBE TYPE OF BUSINESS: Pressure Cleaning & Waterproofing
BUSINESS IS: Corporation Sole Proprietor _____ Partnership _____

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>Patricia Ortiz</u>	<u>6821 SW 56 Ct.</u>	<u>Davie 33314</u>	<u>954.581.5422</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.

Patricia Ortiz
Print Owner or Officers Name and Title

Patricia Ortiz
Signature of Owner or Officer

Office Use Only: Date <u>2/24/05</u> Category <u>14950</u> Fee Exempt per Sec. 13-13 _____ Fee <u>115.76</u> Rec# _____ New <input checked="" type="checkbox"/> Trans. _____
License # <u>05 21341</u> Control # <u>116926</u> Zoning <u>R-1</u>
Council approval Required <input checked="" type="checkbox"/> Yes _____ No _____ Zoning Approval <u>Pat</u> Date <u>3/11/05</u>
Town Council Date _____ Approved _____ Denied _____
Tabled To _____ Approved _____ Denied _____
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL

See attached letter

56-41-34-04-0170
Doc # 30626

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