

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: ~~FRATELINO~~ TANS, INC
BUSINESS STREET ADDRESS: 2323 SW 132 WAY, DAVIE ZIP 33325
BUSINESS MAILING ADDRESS: SAME ZIP
BUSINESS PHONE: (954) 650 5897
DESCRIBE TYPE OF BUSINESS: AIRBRUSH TANNING
BUSINESS IS: Corporation Sole Proprietor _____ Partnership _____

| Owner/Officer (s) | Home Address | City/Zip | Phone# |
|-------------------|-----------------|-----------------|-------------|
| 1. SHEILA YICK | 2323 SW 132 WAY | DAVIE, FL 33325 | 954-6505897 |
| 2. _____ | _____ | _____ | _____ |

Federal ID Number or Social Security Number: _____
Reminder: Please call customers when ready

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.

SHEILA YICK PRESIDENT
Print Owner or Officers Name and Title
Signature of Owner or Officer

| | | |
|--|----------------------------|--------------|
| Office Use Only: Date 3/10/05 Category 13500 Fee Exempt per Sec. 13-13 Fee 121.55 Rec# _____ New _____ Trans _____ | | |
| License # 0521421 | Control # 16974 | Zoning A-1 |
| Council approval Required <input checked="" type="checkbox"/> Yes _____ No _____ | Zoning Approval <i>Jat</i> | Date 3/14/05 |
| Town Council Date _____ | Approved _____ | Denied _____ |
| Tabled To _____ | Approved _____ | Denied _____ |

OCCUPATIONAL LICENSE DEPARTMENT APPROVAL

3/00

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION

50-40-14-11-0210
57302

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