

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: CHAD PFISTER

BUSINESS STREET ADDRESS: 14303 ~~14307~~ SW 16 CT ZIP 33325

BUSINESS MAILING ADDRESS: " ZIP _____

BUSINESS PHONE: 954-446-3070 954-445-8295

DESCRIBE TYPE OF BUSINESS: SCREEN REPAIR

BUSINESS IS: Corporation _____ Sole Proprietor Partnership _____

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>CHAD PFISTER</u>	<u>14303 14307 SW 16 CT</u>	<u>DAVIE 33325</u>	<u>954-446-3070</u>
2. _____	_____	_____	<u>954 445-8295</u>

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, _____, 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.

CHAD PFISTER

Print Owner or Officers Name and Title

[Signature]
Signature of Owner or Officer

Office Use Only: Date <u>5/4/05</u> Category <u>15810</u> Fee Exempt per Sec. 13-13 _____ Fee <u>66.85</u> Rec# _____ New _____ Trans _____	
License # <u>05 21687</u> Control # <u>17118</u> ^{1/2 yr fee} Zoning <u>R-1</u>	Council approval Required <input checked="" type="checkbox"/> Yes _____ No _____ Zoning Approval <u>[Signature]</u> Date <u>5/6/05</u>
Town Council Date _____ Approved _____ Denied _____	Tabled To _____ Approved _____ Denied _____
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____	

8/00

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION

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