

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: MASTERSOUND BUILDERS
~~MASTERSOUND BUILDERS LLC~~

BUSINESS STREET ADDRESS: 13381 SW 29 CT, DAVIE, FL ZIP 33330

BUSINESS MAILING ADDRESS: ~~13381 SW 29 CT~~ 5722 FLAMINGO RD #325 ZIP 33330

BUSINESS PHONE: 954-236-3970

DESCRIBE TYPE OF BUSINESS: CONSTRUCTION OFFICE ONLY

BUSINESS IS: Corporation Sole Proprietor Partnership

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>ANDREW CARR</u>	<u>13381 SW 29 CT</u>	<u>DAVIE 33330</u>	<u>954-236-3970</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.

ANDREW CARR
Print Owner or Officers Name and Title

[Signature]
Signature of Owner or Officer

Office Use Only: Date <u>5/19/05</u>	Category <u>05800</u>	Fee Exempt per Sec. 13-13 <input type="checkbox"/>	Fee <u>91.16</u>	Rec# _____	New <input checked="" type="checkbox"/>	Trans <input type="checkbox"/>
License # <u>05 21772</u>	Control # <u>17146</u>	LCCID <u>69648</u>		Zoning <u>A-1</u>		
Council approval Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Zoning Approval <u>Jan</u>	Date <u>5/19/05</u>				
Town Council Date _____	Approved _____	Denied _____				
Tabled To _____	Approved _____	Denied _____				

OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____

8/00

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION

5040-23-05-130

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