

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: HAMMOND ROOFING INC.
BUSINESS STREET ADDRESS: 14693 SW 29 PL. DAVIE ZIP 33330
BUSINESS MAILING ADDRESS: SAME ZIP _____
BUSINESS PHONE: 954 - 370 - 2224
DESCRIBE TYPE OF BUSINESS: REROOFS - office only - no storage onsite
BUSINESS IS: Corporation Sole Proprietor _____ Partnership _____

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>WILL HAMMOND</u>	<u>14693 SW 29 PL DAVIE</u>	<u>DAVIE</u>	<u>954-931-4807</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, 06, 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.

WILL HAMMOND OWNER
Print Owner or Officers Name and Title

Will Hammond
Signature of Owner or Officer

Office Use Only: Date <u>11/30/05</u> Category <u>OS806</u> Fee <u>9.00</u> Rec# _____ New _____ Trans <input checked="" type="checkbox"/>	
License # <u>0523305</u> Control # <u>17815</u> Fee <u>104.82</u> Zoning <u>A-1 address</u>	113.94
Council approval Required <input checked="" type="checkbox"/> Yes _____ No _____ Zoning Approval <u>pat</u> Date <u>1/4/06</u>	
Town Council Date _____ Approved _____ Denied _____	
Tabled To _____ Approved _____ Denied _____	

OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____

1/00

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION

50-40-22-06-0020
72814

TOWN OF DAVIE
6591 SW 45 STREET
DAVIE, FL 33314
(954) 797-1112

DATE 11 / 30 / 05

HOME OCCUPATIONAL LICENSE AFFIDAVIT

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, 06, and must be renewed before October 1st.

I understand that as long as I conduct business in the Town of Davie I must keep an active occupational license.

This application for home occupational license allows mail and telephone use only, no signs or storage, no on-site employees or clients are permitted.

By signing below I agree to the above conditions.

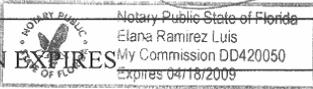
Will HAMMOND
Print Owner or Officers Name and Title

Will Hammond
Signature of owner or officer

STATE OF FLORIDA
TOWN OF DAVIE

The foregoing was acknowledged before me this 30 day of November, 2005
by Will Otis Hammond Who is personally known to me or who has produced
FL - D.L. → N 553-894-64-3480, as identification and whom did/did not take an oath

NOTARY PUBLIC: Elana Ramirez
PRINT _____
COMMISSION EXPIRES _____



Residency verified