

TOWN OF DAVIE
OCCUPATIONAL
LICENSE DIVISION

6591 SW 45 ST
DAVIE, FL 33314
(954) 797-1112

PEDDLER / SOLICITOR/ SEASONAL SALES APPLICATION

DATE _____ FILING FEE _____ RECEIPT # _____ RECEIVED BY _____

License # _____ Control # _____ Date Issued _____

APPLICANTS NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

LOCATION SITE: _____

HOW LONG DO YOU DESIRE TO DO BUSINESS IN THE TOWN OF DAVIE: _____

DESCRIBE THE NATURE OF YOUR BUSINESS/GOODS TO BE SOLD: _____

PERSONAL INFORMATION: Date of Birth _____ Birth Place _____ Race _____
Sex _____ Hair _____ Eyes _____ Weight _____ Height _____ Age _____
Social Security Number _____ Driver License Number _____

LIST ANY CHANGES OF ADDRESS WITHIN THE PAST FIVE YEARS: _____

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME, MISDEMEANOR, OR VIOLATION OF ANY MUNICIPAL ORDINANCE? IF YES, STATE NATURE OF OFFENSE AND THE PUNISHMENT OF PENALTY ASSESSED _____

NAME OF PRESENT EMPLOYER AND ADDRESS: _____

VEHICLE INFORMATION: VIN # _____ Year _____
Tag # _____ Make _____ Model _____

The following are required at the time of application:

- | | | |
|---|---|--|
| <input type="checkbox"/> Health Department Permit | <input type="checkbox"/> Property Owners Approval | <input checked="" type="checkbox"/> Certificate of Insurance no less than \$1,000,000.00 |
| <input checked="" type="checkbox"/> Fingerprints | <input type="checkbox"/> \$50.00 Clean Up Bond | <input checked="" type="checkbox"/> References from two Broward County Property Owners |
| <input checked="" type="checkbox"/> Surety Bond of \$1,000.00 | <input type="checkbox"/> Proof of Portable Toilet | <input checked="" type="checkbox"/> 2"x 2" Photograph (taken 60 days prior to application) |
| <input checked="" type="checkbox"/> Proof of Sales Tax Number | <input type="checkbox"/> Parking available | |

I acknowledge that the above marked attachments are required for submission of this application. I have received a copy of section 17 of the Town of Davie Code and acknowledge the restrictions of same.

Print Applicant's Name And Title

Applicant's Signature

Planning & Zoning Approval _____	_____
	Date
Police Department Approval _____	_____
	Date
Fire Department Approval _____	_____
	Date
Code Enforcement Approval _____	_____
	Date
Town Clerk/Council Approval _____	_____
(Town Council Approval Needed for Seasonal Sales)	Date