

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: Alaska A/C conditioning Service, Inc.

BUSINESS STREET ADDRESS: 14430 SW 17 Street ^{Davie} ZIP 33325

BUSINESS MAILING ADDRESS: _____ ZIP _____

BUSINESS PHONE: (954) 916-5088

DESCRIBE TYPE OF BUSINESS: Commercial a/c Inst & Repairs & Service

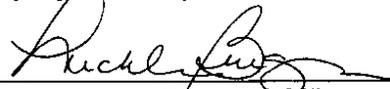
BUSINESS IS: Corporation Sole Proprietor _____ Partnership _____

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. Stephen KOPCZYNSKI	3801 S Ocean DR.	Hollywood	4550524
2. Jose Mendoza	14430 SW 17 ST	Davie 33325	916-4942
Michelle Burgos	14430 SW 17 ST.	(Davie ↑ 33325)	916-4942

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, 01, 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.

Michelle Burgos Comptroller 
Print Owner or Officers Name and Title Signature of Owner or Officer

Office Use Only: Date <u>2/20/01</u> Category <u>05805</u> Fee Exempt per Sec. 13-13 Fee <u>82.18</u> Rec# <u>301004</u> New <input checked="" type="checkbox"/> Trans _____	
License # <u>01-14842</u> Control # <u>12482</u> Zoning _____	
Council approval Required _____ Yes _____ No _____ Zoning Approval _____ Date _____	
Town Council Date _____ Approved _____ Denied _____	
Tabled To _____ Approved _____ Denied _____	
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____	