

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: Rolyn Limousines, Inc.
BUSINESS STREET ADDRESS: 2170 SW 115 Terr, Davie Fl ZIP 33325
BUSINESS MAILING ADDRESS: 2170 SW 115 Terr, Davie Fl ZIP 33325
BUSINESS PHONE: 954-452-6005
DESCRIBE TYPE OF BUSINESS: LIMOUSINE SERVICE - OFFICE ONLY
BUSINESS IS: Corporation Sole Proprietor _____ Partnership _____

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>Lynn Herman</u>	<u>2170 SW 115 Terr</u>	<u>Davie Fl 33325</u>	<u>954-423-0641</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, 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.

Lynn Herman - president
Print Owner or Officers Name and Title

[Signature]
Signature of Owner or Officer

Office Use Only: Date <u>2/16/01</u> Category <u>02201</u> Fee Exempt per Sec. 13-13 _____ Fee <u>\$110.25</u> Rec# _____ New _____ Trans _____
License # <u>01-14831</u> Control # <u>12471</u> Zoning <u>R-1</u> (Home Edition) Date _____
Council approval Required _____ Yes _____ No _____ Zoning Approval _____ Date _____
Town Council Date _____ Approved _____ Denied _____
Tabled To _____ Approved _____ Denied _____
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____