

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: SCHACHNE ARCHITECTS & BUILDERS, INC.
BUSINESS STREET ADDRESS: 10101 S.W. 46TH ST. ZIP 33328
BUSINESS MAILING ADDRESS: " ZIP "
BUSINESS PHONE: (954) 230-9460
DESCRIBE TYPE OF BUSINESS: GENERAL CONTRACTOR
BUSINESS IS: Corporation Sole Proprietor Partnership

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>STAN SCHACHNE</u>	<u>10101 S.W. 46TH ST.</u>	<u>DAVIE, 33328</u>	<u>230-9460</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, _____, 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.

STAN SCHACHNE - PRESIDENT _____
Print Owner or Officers Name and Title Signature of Owner or Officer

Office Use Only: Date <u>2/16/01</u> Category <u>05800</u> Fee Exempt per Sec. 13-13 Fee <u>1165.37</u> Rec# <u>151590</u> New <input checked="" type="checkbox"/> Trans _____	
License # <u>01-14829</u> Control # <u>12469</u>	Zoning <u>R-1</u> (Royal Palm Est.)
Council approval Required _____ Yes _____ No _____	Zoning Approval _____ Date _____
Town Council Date _____ Approved _____ Denied _____	
Tabled To _____ Approved _____ Denied _____	
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____	