

TOWN OF DAVIE  
6591 S.W. 45 STREET  
DAVIE, FLORIDA 33314  
(954)797-1112

*Handwritten initials*

### 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: Action Home Care Inc.  
BUSINESS STREET ADDRESS: 4271 S.W. 106 TERR. DAVIE FL. ZIP 33328  
BUSINESS MAILING ADDRESS: P.O. BOX 551446 ZIP 33355  
BUSINESS PHONE: (305) 389-6690  
DESCRIBE TYPE OF BUSINESS: MAINTENANCE  
BUSINESS IS: Corporation  Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. Joseph Scottaline	4271 S.W. 106 TERR.	DAVIE, FL.	(305) 389-6690
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.**

Joseph Scottaline Pres. *[Signature]*  
Print Owner or Officers Name and Title Signature of Owner or Officer

Office Use Only: Date <u>3/21/01</u> Category <u>10500</u> Fee <u>55.13</u> Rec# <u>19532</u> Fee Exempt per Sec. 13-13 <input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Trans _____
License # <u>01-14951</u> Control # <u>12562</u> Zoning _____
Council approval Required _____ Yes _____ No _____ Zoning Approval _____ Date _____
Town Council Date _____ Approved _____ Denied _____
Tabled To _____ Approved _____ Denied _____
<b>OCCUPATIONAL LICENSE DEPARTMENT APPROVAL</b> _____