

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

E

Balloonatics

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: The Proper Image, Inc d/b/a ~~Balloonatics~~ Balloonatics
BUSINESS STREET ADDRESS: 3161 SW 116 Ave ZIP 33330
BUSINESS MAILING ADDRESS: Same ZIP _____
BUSINESS PHONE: 433-4082
DESCRIBE TYPE OF BUSINESS: Event Planner / Home & Mail only
BUSINESS IS: Corporation Sole Proprietor _____ Partnership _____

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>Aimee Zadok</u>	<u>3161 SW 116 Ave</u>	<u>Davie, FL</u>	<u>433-4082</u>
2. <u>Richard Zadok</u>	<u>"</u>	<u>"</u>	<u>"</u>

Federal ID Number or Social Security Number [Redacted]

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.

Aimee Zadok President Aimee Zadok
Print Owner or Officers Name and Title Signature of Owner or Officer

Office Use Only: Date <u>6/4/01</u> Category <u>14350</u> Fee Exempt per Sec. 13-13 Fee <u>52.50</u> Rec# <u>74197</u> New <input checked="" type="checkbox"/> Trans _____
License # <u>01-15297</u> Control # <u>12835</u> Zoning <u>R-1 (Majestic Groves)</u>
Council approval Required <input checked="" type="radio"/> Yes <input type="radio"/> No Zoning Approval _____ Date _____
Town Council Date _____ Approved _____ Denied _____
Tabled To _____ Approved _____ Denied _____
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____