

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

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## 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: LaFlamme Architectural Design Corporation

BUSINESS STREET ADDRESS: 4270 SW 92nd Avenue Davie, FL ZIP 33328-2408

BUSINESS MAILING ADDRESS: 4270 SW 92nd Avenue Davie, FL ZIP 33328-2408

BUSINESS PHONE: (954) 567-1113

DESCRIBE TYPE OF BUSINESS: Architectural Services / *mail + phone only*

BUSINESS IS: Corporation  Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. Ronald J. LaFlamme	4270 SW 92nd Avenue	Davie, 33328-2408	(954)568-4454
2. Margaret M. LaFlamme	4270 SW 92nd Avenue	Davie, 33328-2408	(954)568-4454

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, 2001, 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.**

Ronald J. LaFlamme, President \_\_\_\_\_  
Print Owner or Officers Name and Title      Signature of Owner or Officer

Office Use Only: Date <u>5/30/01</u> Category <u>15100</u> Fee Exempt per Sec. 13-13 Fee <u>87.56</u> Rec# <u>mauto</u> New <input checked="" type="checkbox"/> Trans _____
License # <u>01-15293</u> Control # <u>12831</u> Zoning <u>A-1</u>
Council approval Required <input checked="" type="checkbox"/> Yes _____ No _____ Zoning Approval _____ Date _____
Town Council Date _____ Approved _____ Denied _____
Tabled To _____ Approved _____ Denied _____
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____

8/00      OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION  
*State License Requested 6/4/01*      *504129 01 0232*