

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: Precise Contractors Inc.
BUSINESS STREET ADDRESS: 3152 S.W. 147th AVE ZIP 33330
BUSINESS MAILING ADDRESS: 3152 S.W. 147th AVE ZIP 33330
BUSINESS PHONE: 954-444-3234 or 954-916-9923
DESCRIBE TYPE OF BUSINESS: General Contractor / Mail + Phone only
BUSINESS IS: Corporation Sole Proprietor _____ Partnership _____

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>MARK Jonaitis</u>	<u>3152 SW 147th AVE</u>	<u>DAVIE 33330</u>	<u>954-916-885</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.

MARK Jonaitis _____
Print Owner or Officers Name and Title Signature of Owner or Officer

Office Use Only: Date <u>6-4-01</u> Category <u>05800</u> Fee Exempt per Sec. 13-13 <input checked="" type="checkbox"/> Fee <u>82.69</u> Rec# <u>741911</u> New <input checked="" type="checkbox"/> Trans _____
License # <u>01-15292</u> Control # <u>12830</u> Zoning <u>A-1</u> (Mercuda Estate)
Council approval Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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