

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: Angie L. Darr  
BUSINESS STREET ADDRESS: 13900 SW 15 CT, DAVIE, FL ZIP 33325  
BUSINESS MAILING ADDRESS: SAME ZIP \_\_\_\_\_  
BUSINESS PHONE: 954-593-8466  
DESCRIBE TYPE OF BUSINESS: Mail Order (BUGGY BAGS FOR SHIPPING CARTS PHONE + MAIL ONLY)  
BUSINESS IS: Corporation \_\_\_\_\_ Sole Proprietor  Partnership \_\_\_\_\_

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>Angie L. DARR</u>	<u>13900 SW 15 CT, DAVIE, FL</u>	<u>33325</u>	<u>954-593-8466</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, 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.**

Angie L. Darr Print Owner or Officers Name and Title  
Angie L. Darr Signature of Owner or Officer

Office Use Only: Date <u>6/8/01</u> Category <u>11100</u> Fee Exempt per Sec. 13-13 Fee <u>55.12</u> Rec# <u>74924</u> New <input checked="" type="checkbox"/> Trans _____
License # <u>01-15319</u> Control # <u>12854</u> Zoning <u>R-1</u>
Council approval Required <input checked="" type="checkbox"/> (Yes) No _____ Zoning Approval _____ Date _____
Town Council Date _____ Approved _____ Denied _____
Tabled To _____ Approved _____ Denied _____
<b>OCCUPATIONAL LICENSE DEPARTMENT APPROVAL</b> _____