

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

## 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: DAVID B. MARSHALL GENERAL CONTRACTOR, INC.  
BUSINESS STREET ADDRESS: 14440 ARLINGTON PLACE ZIP 33325  
BUSINESS MAILING ADDRESS: SAME ZIP \_\_\_\_\_  
BUSINESS PHONE: 954-881-4254  
DESCRIBE TYPE OF BUSINESS: REMODEL CONSTRUCTION  
BUSINESS IS: Corporation  Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>DAVID MARSHALL</u>	<u>14440 ARLINGTON PL</u>	<u>33325</u>	<u>754-881-4254</u>
2. _____	_____	_____	_____

Federal ID Number or Social Security Nu \_\_\_\_\_

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, 2002, 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.**

DAVID MARSHALL PRESIDENT  
Print Owner or Officers Name and Title

  
Signature of Owner or Officer

Office Use Only: Date 11/6/01 Category 05800 Fee Exempt per Sec. 13-13 \_\_\_\_\_  
Fee 165.37 Rec# \_\_\_\_\_ New \_\_\_\_\_ Trans \_\_\_\_\_  
License # 02-15961 Control # 13354 Zoning R-1  
Council approval Required \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Zoning Approval DM Date 11/8/01  
Town Council Date \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_  
Tabled To \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_

OCCUPATIONAL LICENSE DEPARTMENT APPROVAL \_\_\_\_\_

B/00

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION