

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: HIATUS ROAD LAWN, INC.
BUSINESS STREET ADDRESS: 2601 S.W. 110 WAY DAVIE, FL. ZIP 33328
BUSINESS MAILING ADDRESS: SAME ZIP _____
BUSINESS PHONE: 954-473-1675
DESCRIBE TYPE OF BUSINESS: LAWN SERVICE (Office only)
BUSINESS IS: Corporation Sole Proprietor _____ Partnership _____

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>MARK FLINT</u>	<u>2601 S.W. 110 WAY</u>	<u>DAVIE 33328</u>	<u>954 473-1675</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, 02, 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 FLINT PRESIDENT

Print Owner or Officers Name and Title

[Signature]
Signature of Owner or Officer

Office Use Only: Date <u>11/15/01</u> Category <u>08600</u> Fee Exempt per Sec. 13-13 Fee <u>44.10</u> Rec# _____ New _____ Trans _____
License # <u>02-16005</u> Control # <u>13386</u> Zoning <u>R-1</u> (<u>Davie West</u>)
Council approval Required <input checked="" type="checkbox"/> Yes _____ No _____ Zoning Approval <u>[Signature]</u> Date <u>11/20/01</u>
Town Council Date _____ Approved _____ Denied _____
Tabled To _____ Approved _____ Denied _____

OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____

8/00

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION

Phone Mail only