

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: The Payment Connection
BUSINESS STREET ADDRESS: 11955 SW 15 Ct, Davie, FL ZIP 33325
BUSINESS MAILING ADDRESS: Same ZIP _____
BUSINESS PHONE: 954-472-1094
DESCRIBE TYPE OF BUSINESS: Sales of payment acceptance services
BUSINESS IS: Corporation _____ Sole Proprietor Partnership _____ to businesses

| Owner/Officer (s) | Home Address | City/Zip | Phone# |
|---------------------------------------|-----------------------|------------------|---------------------|
| 1. <u>Margaret A. (Ann) Stevenson</u> | <u>11955 SW 15 Ct</u> | <u>Davie, FL</u> | <u>954-723-1054</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.

Ann Stevenson
Print Owner or Officers Name and Title

[Signature]
Signature of Owner or Officer

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| Office Use Only: Date <u>1/14/02</u> Category <u>13500</u> Fee Exempt per Sec. 13-13 _____ Fee <u>110.05</u> Rec# _____ New <input checked="" type="checkbox"/> Trans _____ |
| License # <u>02 16244</u> Control # <u>13535</u> Zoning <u>R-1</u> |
| Council approval Required <input checked="" type="checkbox"/> Yes _____ No _____ Zoning Approval <u>Jat</u> Date <u>(old copy of form)</u> |
| own Council Date _____ Approved _____ Denied _____ |
| abled To _____ Approved _____ Denied _____ |
| OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____ |

/00

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION