

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

345041

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: MATTHEW POWERS
BUSINESS STREET ADDRESS: 5450 SW 70th Ave DAVIE ZIP 33314
BUSINESS MAILING ADDRESS: SAME ZIP _____
BUSINESS PHONE: 954-612-4452
DESCRIBE TYPE OF BUSINESS: GRAPHIC DESIGN & EDITING
BUSINESS IS: Corporation _____ Sole Proprietor Partnership _____

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>MATTHEW POWERS</u>	<u>SAME</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.

MATTHEW POWERS
Print Owner or Officers Name and Title

Matthew Powers
Signature of Owner or Officer

Office Use Only: Date <u>4/24/02</u> Category <u>05067</u> Fee Exempt per Sec. 13-13 _____ Fee <u>31.50</u> Rec# _____ New <input checked="" type="checkbox"/> Trans _____
License # <u>0216692</u> Control # <u>13872</u> Zoning <u>A-1</u>
Council approval Required <input checked="" type="checkbox"/> Yes _____ No _____ Zoning Approval <u>AR</u> Date <u>4/24/02</u>
Town Council Date _____ Approved _____ Denied _____
Tabled To _____ Approved _____ Denied _____
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____

8/00

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION