

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: HIS CREATIONS
BUSINESS STREET ADDRESS: 14880 SW 31st ZIP 33331
BUSINESS MAILING ADDRESS: 14880 SW 31st ZIP 33331
BUSINESS PHONE: 954-236-4257 or 954 540 4257
DESCRIBE TYPE OF BUSINESS: Customized Furniture
BUSINESS IS: Corporation _____ Sole Proprietor Partnership _____

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>Jesus Hernandez</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, 03, 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.

Jesus Hernandez
Print Owner or Officers Name and Title

[Signature]
Signature of Owner or Officer

Office Use Only: Date <u>9/10/03</u>	Category <u>04400</u>	Fee/Exempt per Sec. 13-13 <u>766.15</u>	Rec# _____	New _____	Trans _____
License # <u>03-17275</u>	Control # <u>14311</u>	Zoning <u>R-1</u>	(Sherwood Farms)		
Council approval Required <input checked="" type="checkbox"/> Yes _____ No _____	Zoning Approval <u>Jat</u>	Date <u>9/25/02</u>			
Town Council Date _____	Approved _____	Denied _____			
Tabled To _____	Approved _____	Denied _____			

OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____

8/00 **OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION**
NO RETAIL SALE ON PREMISES