

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: Hersey Productions, Inc.
BUSINESS STREET ADDRESS: 13901 SW 31 St. ZIP 33330
BUSINESS MAILING ADDRESS: 13901 SW 31 St ZIP 33330
BUSINESS PHONE: 954-472-7890
DESCRIBE TYPE OF BUSINESS: Recording Studio, Voiceover Only, NO Music
BUSINESS IS: Corporation Sole Proprietor Partnership

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>Lori Hersey</u>	<u>13901 SW 31 St</u>	<u>Davie 33330</u>	<u>(954)473-2114</u>
2. <u>Ron Hersey</u>	<u>same</u>		

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, _____, 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.

Lori Hersey, President/owner
Print Owner or Officers Name and Title

[Signature], Pres.
Signature of Owner or Officer

Office Use Only: Date 12/5/02 Category 15625 Fee Exempt per Sec. 13-13 Fee \$115.76 Rec# _____ New Trans
License # 03-17829 Control # 14638 Zoning R-1
Council approval Required Yes No Zoning Approval [Signature] Date 12/10/02
Town Council Date _____ Approved _____ Denied _____
Tabled To _____ Approved _____ Denied _____

OCCUPATIONAL LICENSE DEPARTMENT APPROVAL

8/00

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION
correct folio → 504022120350
I.D. 50402200350