

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: Blue Lagoon Pools & Spas, Inc.

BUSINESS STREET ADDRESS: 1751 SW 117 AVENUE ZIP 33325

BUSINESS MAILING ADDRESS: DAVIE, FL ZIP \_\_\_\_\_

BUSINESS PHONE: (954) 693-9988

DESCRIBE TYPE OF BUSINESS: pool contractor (OFFICE ONLY)

BUSINESS IS: Corporation  Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>John Anderson</u>			
2. <u>Sherry Anderson</u>	<u>same</u>		<u>(954) 936-9055</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.**

Sherry Anderson, Vice President/owner [Signature]  
Print Owner or Officers Name and Title Signature of Owner or Officer

Office Use Only: Date _____	Category <u>17000</u>	Fee Exempt per Sec. 13-13 _____	Fee <u>115, 76</u>	Rec# _____	New <input checked="" type="checkbox"/> Trans _____
License # <u>03-17980</u>	Control # <u>14735</u>	Zoning <u>R-1</u>			
Council approval Required <input checked="" type="checkbox"/> Yes _____ No _____	Zoning Approval <u>Int</u>	Date <u>1/15/03</u>			
Town Council Date _____	Approved _____	Denied _____			
Tabled To _____	Approved _____	Denied _____			

OCCUPATIONAL LICENSE DEPARTMENT APPROVAL \_\_\_\_\_