

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: ^{DECLOR} DECLOR CARE

BUSINESS STREET ADDRESS: 14691 SW 18 CT ZIP 33325

BUSINESS MAILING ADDRESS: SAME ZIP _____

BUSINESS PHONE: 954-325/2924

DESCRIBE TYPE OF BUSINESS: LAWN SERVICE + HOME REPAIRS
(OFFICE ONLY)

BUSINESS IS: Corporation _____ Sole Proprietor Partnership _____

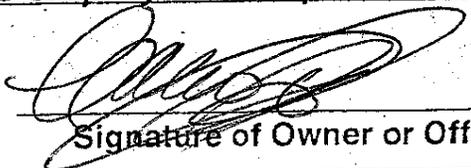
Owner/Officer (s)	Home Address	City/Zip	Phone#
<u>CARLOS FRAGINALS</u>	<u>SAME</u>		
1. _____			
2. _____			

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, _____, 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.

Print Owner or Officers Name and Title _____

Signature of Owner or Officer 

Office Use Only: Date <u>1/10/03</u> Category <u>08600</u> Fee Exempt per Sec. 13-13 _____ Fee <u>46.31</u> Rec# _____ New _____ Trans _____
License # <u>03-17972</u> Control # <u>14726</u> Zoning <u>R-1</u>
Council approval Required <input checked="" type="checkbox"/> Yes _____ No _____ Zoning Approval <u>Jan</u> Date <u>1/15/03</u>
Town Council Date _____ Approved _____ Denied _____
Tabled To _____ Approved _____ Denied _____
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____